

**Utah's Division of Child and Family Services**

# **Northern Region Report**

## **Qualitative Case Review Findings**

**Reviews Conducted**

**March 22-25, 2010**

*A Report by*

*The Office of Services Review, Department of Human Services*

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# **I. Introduction**

The Northern Region Qualitative Case Review (QCR) for FY2010 was held the week of March 22-25, 2010. Reviewers were selected from the Office of Services Review, the Division of Child and Family Services, community partners and other interested parties. Review partners included individuals from Christmas Box House, a community volunteer, and eight members of the region's Quality Improvement Committee.

There were 24 cases randomly selected for the Northern Region review. One home-based case was dropped from the sample because the parents who had originally consented to participate in the review later withdrew their consent. The change occurred too close to the review dates for a replacement case to be substituted. The final case sample included 17 foster care cases and six home-based cases. All five of the offices in the Region had cases selected as part of the random sample, which included the Bountiful, Clearfield, Ogden, Brigham City, and Logan offices. A certified lead reviewer and shadow reviewer were assigned to each case. Information was obtained through in-depth interviews with the child (if old enough to participate), his or her parents or other guardians, foster parents (if child was placed in foster care), caseworker, teacher, therapist, other service providers, and others having a significant role in the child's life. Additionally, the child's file, including prior CPS investigations and other available records, was reviewed.

Members from the Office of Services Review met with region staff on April 1, 2010 to review the preliminary results of the region's QCR. Preliminary scores, data analysis, and stakeholder results were reviewed with the region. Strengths and practice improvement opportunities were also presented.

## II. System Strengths

During the Qualitative Case Review process, many strengths were observed and identified regarding the system and case management. At the conclusion of each two-day review period, the reviewers met together for a debriefing session during which a brief outline of each case and the reviewers' observations were presented and discussed with the other reviewers. As part of the debriefing process, each review team was asked to present two or three strengths on their case that had a positive impact. The list below is a summarized list of strengths identified by the reviewers. This is not an exhaustive list of all the strengths mentioned during the review process.

### Teaming

When teaming was a strength:

- Team meetings were held at important junctures in the case.
- There was great coordination of information between team members which helped the team be on top of the child's needs.
- The family felt like they were part of the team and their voice was heard.
- The team met together regularly.
- The team meetings included the legal partners, even the public defender.
- The caseworker made contact with the school and invited them to numerous team meetings. There was a lot of coordination regarding the children's progress in school.
- The family team got together and problem solved some issues related to the child's problematic behaviors. The team's plan was implemented in a way that resulted in measurable progress for the child.
- The caseworker did an excellent job of including a mother in the teaming and planning who had no reunification services.
- Teaming and communication kept everyone on the same page and prevented manipulation by the youth.
- The family and service providers felt free to call a family team meeting at any point.
- The drug court program did a good job of getting the various parties to the table for family team meetings.
- The family and service providers felt free to call a family team meeting at any time.

### Assessment

When assessment was a strength:

- The child came into care in good health and the division helped maintain his good health through regular assessments.
- The written assessment was very comprehensive.
- The intensity level of the services was adapted to meet the evolving needs of the parents.
- The caseworker did a good job of updating the therapist with information regarding the history of the case, which helped with the development of a thorough mental health assessment.

- There was good assessing and teaming when one therapist felt he was no longer meeting the needs of the child. A new therapist was identified and a good transition was made.
- There was good assessment of the medical needs of the baby.
- Assessment led to a child getting into Head Start immediately and she is doing very well.
- There was good assessing to keep a child from going into JJS custody.

### **Long-term View**

When long-term view was a strength:

- The team adapted the long-term view as the case progressed to better meet the permanency needs of the child.
- The long-term view had very specific steps and clearly articulated where the team was headed.
- There was good concurrent planning. The target children were teens and were in a good place that will keep them, but the team is also supporting a return home.

### **Planning:**

When planning was a strength:

- All parties felt they were part of developing the case plan.
- All of the services were in Spanish, which was invaluable to a mother who only spoke Spanish. Spanish-speaking resources were available in the area.
- The child and family plan was printed in both English and Spanish to accommodate a family that had members that were Spanish speaking only.
- The services had been individualized and tailored to the specific needs of the client rather than having them participate in a more generic classroom setting.
- The caseworker immediately contacted the tribe and there has been consistent and continual contact. The tribe was very pleased with the timely communication and has trust in the State having jurisdiction.

### **Miscellaneous Strengths:**

- The teenage child was able to maintain an ongoing relationship with his mother and sister while he has been in foster care.
- The drug court team was very pleased with the caseworker because she was on top of the case.
- The worker got a lot of kudos from team members due to the challenging nature of the case and her efforts to engage resistant clients.
- The GAL said the caseworker was the best caseworker she had ever worked with due to the worker's follow through, assessment skills, and availability.
- Scheduling visitation was a problem so the team developed a plan to allow the family members to coordinate with each other, which eliminated that barrier.
- The creativity of the caseworker in regards to finding the placement and developing supports were real strengths of the case.

- There was good follow through with maternal grandmother in identifying long-term relationships and reestablishing relationships between family and child.
- DCFS kept the child in dad's home without a removal to a shelter.
- There was good coordination in keeping birth siblings together.
- The foster parents indicated that the new structured level foster parent trainings were the best trainings they had ever participated in as foster parents.
- The biological family felt there couldn't have been a better foster parent for their child. The child and foster family were an excellent match, particularly in regards to the child's interests and hobbies.
- The worker got a lot of praise from team members for the way in which she engaged a resistant family.
- The child benefited from a school tracker that monitored her school attendance and progress.
- The parent and child created their own safety plan which was effective.

### III. Stakeholder Observations

The results of the QCR should be considered within a broader context of local or regional interaction with community partners. The Office of Service Review staff supporting the qualitative reviews interview key community stakeholders such as birth families, youth, foster parents, providers, representatives from the legal community, other community agencies, and DCFS staff. This year the Qualitative Case Review in the Northern Region was supported by a total of 11 interviews. There were nine focus groups: DCFS caseworkers, DCFS Supervisors, Region Administration Team, a private proctor agency provider, Foster Care Cluster Group Leaders, Cross Training Group, Guardian ad Litem, Quality Improvement Committee, and the Davis County Interagency Council. There were also individual interviews with an Assistant Attorney General and the DCFS Northern Region Director.

The information from the stakeholder observations has been organized around broad topics discussed during the focus groups and interviews. Obviously, not everyone commented nor agreed on all topics. Where there appeared to be some consensus, the comments are noted. Each comment section is organized in two groups— community partner interview comments and DCFS interview comments.

#### **Collaboration**

##### *A. Community Partner Interviews*

- Several QIC committee members participated as shadow reviewers in Northern Region's QCR this year. It is commendable that community partners, not just allied agency representatives, are selected to participate as reviewers in the QCR.
- DCFS participates in the Davis County Interagency Council, which is a collaboration between community partners and allied agencies such as Davis Behavioral Health, Davis School District, Juvenile Justice Services, Juvenile Court, Department of Workforce Services, and Division of Services for People with Disabilities. One of the main purposes of the council is to come together as various service agencies to respond to unique cases that don't fit any particular agency's service parameters. The council is able to minimize barriers that each agency experiences on their own.
- Community partners often participate on DCFS committees such as the Visitation, Permanency, and Kinship committees.
- Agencies don't feel like they're out there on their own anymore. They have the support of allied agencies.

##### *B. DCFS Interviews*

- The region does well at getting family and community partners together to help problem solve difficult cases.
- Community partners have been a great addition to the region committees that address issues related to visitation and permanency. Having their perspective and input has been valuable.
- The relationship between foster parents and caseworkers is key.

## **Working Relationship**

### *A. Community Partner Interviews*

- The Head Start program has a very positive partnership with DCFS. Head Start often refers questions or concerns to CPS intake regarding possible abuse situations they encounter. Head Start appreciates the response they get when they are staffing a case.
- LDS Social Services enjoys a good partnership with DCFS. Therapists at LDS Social Services are trained on reporting requirements for suspected abuse. DCFS is viewed as a valuable resource to the community.
- Foster parents with children attending junior high and high school often see schools making a concerted effort to include caseworkers in important decisions regarding students in foster care.
- Safety planning is a primary issue that a couple of the judges consider inadequate. Years ago, the judges were more inclined to be concerned that DCFS was removing when a child could have remained in the home. Now some judges are more inclined to remove a child from the home when DCFS is only requesting in-home services. As part of the effort to address the concerns related to safety planning, a formal safety plan form has been adapted. The form is being used to help demonstrate to the judge that safety is being managed and removal is not warranted while awaiting a petition hearing. The primary concern is not how the form is filled out but the level of follow-up on the safety plan, such as the worker visiting the home while waiting for the court date.
- The health care nurses are excellent. Private placement providers coordinate with them often in regards to the health services for youth placed in their program.
- Therapists are occasionally asked to make decisions about things that are not clinical. It gets difficult when the worker wants the therapist to address issues that are not therapeutic issues but are more policy or procedure issues.
- Resource Family Consultants (RFC) are a great resource to foster parents. They are a support and advocate for foster parents during challenging times. They are good at listening to foster parents' concerns and helping them problem solve.
- Region administration is very open and receptive to community partners. The work at the administrative level is great.
- To continue to cultivate the relationship between caseworkers and foster parents, some caseworkers and RFC's attend foster cluster groups to keep those lines of communication open. It serves as a question and answer session for foster parents.
- Don't match up a new worker with a new foster parent. Often neither has the answers and both end up frustrated. Many new foster parents get overwhelmed with some children who can be difficult to manage. Newer foster parents don't complain soon enough when there is a challenge. The caseworker and RFC should check with new foster parents more frequently when they have a new placement.

### *B. DCFS Interviews*

- In some courtrooms, it used to be that workers would have to justify why they removed a child. Now they have to justify why they did not remove a child. There is now more discussion about whether or not a case needs to go to court to best meet the needs of the family. If it needs to go to court, there is more discussion with administrators about what services would be appropriate.



- The region enjoys a good working relationship with the Division of Services for People with Disabilities (DSPD). Even when a child doesn't qualify for DSPD services, DSPD is willing to come to the table to help with the planning when requested.
- The region has a great Quality Improvement Committee. They had an article run in the newspaper regarding the committee and the work they do. As a result, they had nine community members request to become involved with the committee.
- The supervisors have been more empowered. Region administration will send issues to the supervisor breakout group to problem solve and return recommendations to the administration team. Upper administration values the input from the supervisor group.

## **Communication**

### *A. Community Partner Interviews*

- Availability of the caseworker is a key issue for private placement providers. If there is a problem with a child, they need to have the caseworker respond that same day.
- The lines of communication between private providers and DCFS are open and good. If providers need to address a problem with DCFS, there is a protocol based on their great working relationship with DCFS.
- The communication between the different agencies has improved dramatically. With increased understanding of each other's role, there is increased communication.
- Communication between foster parents and caseworkers is key. Sometimes foster parents have to pry information out of workers. There is no such thing as too much information. Sometimes workers are afraid that foster parents will not accept the placement if too much information is provided. It is easier to deal with a challenging issue when the foster parents know there is the potential for that up front.
- Communication between birth parents and foster parents is very important throughout the case process. Sometimes that relationship continues after the child is returned home. One of the best ways to help facilitate reunification is to develop the relationship between the birth parent and foster parent.
- The biggest challenge for foster parents has been communication. The more information the foster parents have on what is going on, the more it helps prevent other issues.
- The Guardians ad Litem (GAL) needs more timely notification of changes such as a child's change in placement. Often the information comes so late that it is too late for the GAL to take action or provide input on the change. It would be helpful to have advance notice when the worker has a sense that a change is likely.
- Occasionally there are concerns raised by the legal partners because there has been some significant event in a case that did not get relayed to them in a timely manner. The legal partners were surprised by the information when they were notified of it at a later court hearing.

## Services

### *A. Community Partner Interviews*

- Peer Parenting is an excellent service. Clients like the idea of someone coming into the home in a non-judgmental way to work with the family. It is a peer-to-peer relationship, not a clinical relationship. The families view the peer parent as part of their support system and one of their greatest resources.
- The QIC committee has developed several subcommittees to help target specific projects. One group is targeting placement disruptions, including kinship disruptions. The plan is to assess disruption issues by interviewing the RFC, kinship, foster parent, caseworker, and GAL. The hope is to provide some practical solutions.
- The Family Support Center is leading a QIC committee project to locate family members for youth aging out of the system. They want to connect youth with family that can be a resource and support to them as they are released from foster care. Committee members are being trained on the resources that can assist with locating family ties.
- There has been planning between region administration and the AAG's office regarding permanency for children in foster care. Permanency issues are addressed early in the cases by identifying the realistic permanency goal for children when petitions are filed. There has been a lot of effort to reserve the permanency goal of "Individualized Permanency" for as few cases as possible.
- The Baby Benefits program is a great resource because it helps keep the parents motivated and preserves the bond and connection between the child and parent.
- The goals of the Visitation Committee include maintaining the parent child bond, increasing the frequency of visitation, and getting family members involved in supervising visits earlier in the cases. Quality visitation helps get children home faster.
- Private providers get the information they need before accepting a youth for placement in their program. There is tremendous collaboration before placement. Shortly after a youth is placed, a team meeting is held to go over goals, review rules, and get everyone on the same page.
- The biological family, regardless of what brought the child into custody, tends to be the best permanency option for the child, if the parents do what they need to do. A few workers make the decision that the child will not be reunified with the parents too early in the case.
- There needs to be realistic expectations for TAL youth. Sometimes youth are set up for failure. Some youth will act out so they will not be released from custody because they are afraid of going out on their own.
- When a child returns home from proctor care, including tracking services in the aftercare services would assist the child during the transition period. It would be helpful to continue with the current therapist and tracker. If not, get the new support system to a family team meeting a month or more before the transition so they come up to speed before the critical transition period.
- The DCFS visitation committee is working on improving visitation. Supervised visitation needs to be a teaching opportunity and positive experience for the parent and child. DCFS has put some good material together to help address visitation issues.

- Juvenile court probation staff benefit from being able to refer their clients to services that DCFS provides. Court staff appreciate the DCFS liaison that works closely with the probation department.
- DCFS often has expectations that are too high for foster parents in regards to the timeframes for appointments and forms, such as the Ages and Stages form. Foster parents often have to prioritize competing interests. Foster parents can have four foster children from four different caseworkers who all want their needs addressed first. Having expectations that are too high can deter potential foster parents.
- Permanency needs to be applied on a case-by-case basis. Sometimes there is a push for permanency for a child that does not want to be adopted. The child is older and is not going to consent to being adopted.
- Some teens do not want to have their parents' rights terminated. They want to maintain that connection. Some youth fear their parents' rights will be terminated and then the foster parents will change their mind about adopting.

#### *B. DCFS Interviews*

- The Baby Benefits program is a great collaboration between mental health and DCFS. If a child is under three years old and the parents have been substance free for a few months, the parents can participate in the program and receive intensive services and additional visitation. The therapy portion primarily focuses on attachment issues.
- The Region continues to focus on helping children obtain permanency. There is focused attention and effort on getting children out of congregate care settings and into more permanent family settings.
- The Permanency Committee is another effort to help children obtain permanency. Caseworkers can bring their cases to the committee and get some mentoring and problem solving on permanency planning challenges.
- The High Cost Committee performs quarterly reviews of cases with children placed in high cost placements. The purposes of the committee include stepping children down out of residential placements and addressing the permanency plan for the children.
- Keeping caseloads at a manageable level helps workers focus on permanency. Permanency is always on the table. Every month, administrators are tracking children who have been in custody for 24 to 36 months. Caseworkers feel like they have permission to look outside the box to address permanency.
- The Quality Improvement Committee is tracking placement disruptions. Initial results indicate that some primary reasons for disruption are the families being unable to keep the children long term and the families not knowing it would be so difficult.
- Caseworkers are providing foster parents with a list of names of foster parents and resources that have experience with the challenges that they will likely experience with the specific child being placed with them.
- Some workers feel like they are required to document just for auditing purposes. Workers are often required to record the same information in several different documents. Workers spend more time documenting and going to committee meetings than they do with foster children.

- Some things caseworkers find most satisfying about the work they do with children and families include putting resources into keeping families together, making preliminary kinship placements, and being allowed to be creative and flexible.
- There is a need to do more work with CPS around prevention rather than removal. There have been some ongoing workers that have moved over to CPS positions and that has been helpful in having CPS workers with an expanded understanding of some of the lingering challenges associated with removal.
- Some of the primary goals of the region include keeping the caseloads at a manageable level, always keeping permanency on the table, increasing the frequency and duration of visitation between parents and children, and reducing placement disruptions.
- There are opportunities for workers with clinical skills to be creative in their family preservation services. The community views family preservation as a good service.

## **Teaming**

### *A. Community Partner Interviews*

- Cases provide an opportunity for parents to develop a real relationship with the caseworkers. Some workers are skilled at getting in there and identifying a need and then providing the exact resource to meet that need. They sit down with the parent and tailor the plan and resources to best meet the parent's need. They review the mental health assessment recommendations with the clients. The plan becomes very detailed and individualized.
- Regular team meetings with older youth that have challenging behaviors helps demonstrate to the youth that the team is all on the same page.
- Private providers are always willing to convene a family team meeting when the caseworker requests one to update the plan. They will also do family team meetings whenever there is a need or at least quarterly.
- The legal partners are participating in more family team meetings as compared with last year. There is a lot of information exchanged at the team meetings.

### *B. DCFS Interviews*

- Foster parents' involvement in family team meetings has continued to improve. Participation in teaming and the ability to request a family team meeting is always reiterated in foster cluster meetings. Team meetings have been set up for the sole purpose of addressing the foster parent's needs.
- There is some struggle in teaming with mental health partners. The partners had been attending family team meetings but that has declined.
- One office has committed to inviting defense attorneys to team meetings. It requires all the attorneys to be present, which makes scheduling very difficult.

## **Resources**

### *A. Community Partner Interviews*

- The Family Support Center (FSC) provides transitional counseling services for foster children residing at the Christmas Box House. The service assists children transitioning

in and out of foster homes. The FSC serves as a respite option for families in crisis. Their hope is to assist the family and prevent a disruption.

- When foster children are returned home, they lose their Medicaid eligibility so there is often a loss of therapy services during a critical transition time. Children are often required to go to the local county mental health agency when they transition home which can result in a significant delay in getting into services.
- There is a need for more consistency between the caseworkers in regard to what financial resources are available for each foster child. There are wide discrepancies in the criteria about accessing special needs funds, which is confusing to providers.
- A lot of the high need children need additional resources that cost money. As resources shrink, it makes some agencies hesitant to accept custody of difficult youth due to the anticipated financial costs.
- There is a lack of resources for youth needing residential level care. There are either no residential treatment options or no bed space available. Resources are shrinking. There is a need for a day treatment program for youth struggling with substance abuse issues.
- There are a lot of concerns regarding Medicaid cutting residential resource options. Wrap-around services will not suffice when the child needs a residential level of care. Often there is a need for a short-term residential setting. Treatment works better than incarceration, but that is what is being cut so incarceration ends up being a likely option.

#### *B. DCFS Interviews*

- The region is currently down 15 employees due to not hiring for an extended period. Caseworkers have left the agency. Caseloads have maintained at a manageable level so far, but it is starting to catch up with them. They are seeing an increase in CPS caseloads, which usually translates into higher ongoing caseloads.
- Region administration does a lot of strategic planning around the budget constraints to find ways to adapt without having to cut caseworker positions. The administration team is constantly looking at cost saving plans. One example is the random drug testing for clients, which has been an enormous expense for the region. As part of the cost saving efforts, caseworkers are now doing the drug testing.
- Some of the traditional ways to reward caseworkers or recognize good casework are no longer available. There are no financial incentives or awards. There are no team retreats or region gatherings without extensive state office approval.
- It is important to keep caseloads at a manageable level so workers feel self-gratification from being able to do good work. Workers want to be hands-on with clients and not just doing paperwork. They are seeing workers struggling due to the stress associated with the work, benefits being cut by the legislature, and a sense that they are trapped because there are no other employment options.
- The training budget has been eliminated for a while so the region is unable to send workers to specialized trainings.
- The region clinical consultant is working with clinical workers to help them use their clinical skills in hopes of retaining them as the economy and outside employment options improve. The clinical staff are a huge investment and the region would like to maintain that resource.

- The region experienced a huge loss with the closure of the Girls Independent Living Dorm. It was a very unique resource with some great outcomes. The program had never been financially cost effective. The region made special efforts to ensure the closure went as good as it possibly could for the girls who were residing at the dorm as well as for graduates of the dorm who viewed the dorm as an ongoing resource.
- It is difficult to procure resources for things like helping a family with a housing deposit. Parents stay in inpatient programs or are homeless longer trying to save up money for housing. Workers are generally unable to help families financially. They can only give clients three months worth of bus passes.
- Supervisors are feeling a lot of downward pressure due to budget concerns. Right now they don't have caseload issues but it is unknown how long that will last. They have been able to do the same work with less funding but are concerned where it will go from here.
- There is a need for more foster homes. This situation may become more of an issue in July when youth in psychiatric residential programs will need to be stepped down due to the changes in Medicaid. Some training has been set up to work with foster parents in hopes of moving some basic level foster parents up to the structured level of care. There is also a need for some Native American foster homes.
- There is a need for more Spanish speaking caseworkers and Spanish speaking foster homes. Part of the problem is the region has not been able to hire any new workers for a couple of years.

## **Workload**

### *B. DCFS Interviews*

- Administration is very committed to keeping caseloads down. They are very sensitive to caseworkers' workload. Keeping caseloads manageable helps workers do more of the social work and not just put out fires. Region administration is working with staff to use more solution-focused problem solving rather than a punitive intervention.
- The expectations associated with case management have increased so now a caseload size that used to seem manageable is much more weighty. Increased expectations continue to be sent down from the Legislature that are added to the workload. Caseworkers can meet all the expectations when they have a reasonable caseload.
- There is a need for the state office to be more vigilant about what services or requirements can be reduced or eliminated to help keep the workload manageable.
- Some of the region audits stress out the workers. With all the various audits such as the CPR, QCR, and CFSR, the region is almost always in a continuous review process.
- Caseworkers stay with DCFS due to the value they place in working with the families. The hope is that administration will not chip away at that value with additional paperwork requirements that take away from the time spent working with families.
- Supervisors are very good at interacting with workers and problem solving cases. Supervising is not a feasible job if the only expectation is paperwork and being an auditor. Supervisors can't just spend their time auditing the workers.

- Some solutions are created to address isolated problems but are then applied across the entire spectrum of cases, which creates more of a burden on the caseworkers.

## **Kinship**

### *A. Community Partner Interviews*

- The Kinship support training started last fall. They have since served 40 families. The training helps kinship families with information such as accessing DWS services, paperwork requirements, and licensing questions. There were 60 kinship families licensed last year, which has impacted more than 60 children. The kinship disruption rate had gone up a while back but has since gone back down.
- Foster cluster leaders try to invite kin that become licensed foster parents to cluster groups. They are seeing disruptions from kinship care. Many of the placements are made quickly and the children end up disrupting.
- Foster parents can be open to maintaining connections with the child's appropriate extended family members. The state could train foster parents to that openness.
- Some kin want to help family but discover they have taken on more than they can handle. Kin often plan on the parent being successful. Sometimes a parent's motivation to participate in services is lowered when the child is placed with relatives.
- There is a need to provide more education to kinship providers. Once a home has been selected, there is a need to ensure the family is educated and has all the information about what they are getting into.

### *B. DCFS Interviews*

- The semi-annual kinship report indicated that half of the newly licensed foster homes are kinship homes. There will be a need to shift more resources to that area. The percent of children who reentered custody where the prior custody episode was "released to relative" was down to 6%.
- The kinship classes are reducing the overall frustration kinship providers experience. It has been helpful having a single point of contact at DWS that specializes in assisting kinship families with the DWS process.
- Sometimes parents put forth less effort and are more likely to relinquish their parental rights when their child is placed with family.
- There has been improved communication between the kinship specialists and the workers. The specialists are more accessible. One of the challenges is the length of time it takes to get a home study completed. Some of it has to do with the family's level of follow through.

## **Training**

### *A. Community Partner Interviews*

- The Assistant Attorneys General have developed and presented advanced legal core training for caseworkers. The training addresses many case management activities from a legal perspective on topics such as permanency, protocol, and documents.

- Foster cluster leaders put together specific trainings for issues that foster parents raise as a specific need.
- There can never be enough training to fully prepare someone for all that comes with fostering a child. The foster care classes make sure the people that complete the training are really committed to becoming foster parents.
- A community resource guide would be helpful for foster parents. Resource lists are provided to birth parents. It would be helpful to have a similar resource list available for foster parents.
- Foster parents will last longer if they will get involved in supportive cluster groups and trainings.
- Starting last October, foster parents and caseworkers throughout the region participated in a special training called “Insight Training.” The training brought together foster parents, RFC’s, and caseworkers. The purpose of the training was to help foster parents and caseworkers have a better understanding and appreciation of each other’s role. The trainings were very successful. It was a real eye opener for both foster parents and caseworkers.
- Cross Training Groups were held throughout the region this past year. The purpose of the cross training groups was to bring community partners together to learn more about what each agency has to offer, to network and make new contacts with each other, and to gain a better understanding of the mission and legal mandates of the different agencies.

#### *B. DCFS Interviews*

- It would have been helpful to new supervisors to have supervisor training when they first became supervisors. The state office supervisor training is not directed at supervisors’ daily responsibilities and is not pertinent to their daily tasks. The most helpful training comes from peer supervisors helping mentor the newer supervisors.
- The region brainstormed how to bridge the gap between foster parents and caseworkers. The region training team and Foster Care Foundation worked together to create the Insight Training. The trainings have been a great success. The direct interaction between foster parents and caseworkers was the most helpful.



## **IV. Child and Family Status, System Performance, Analysis, and Trends**


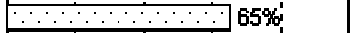
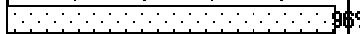

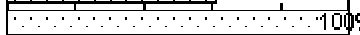

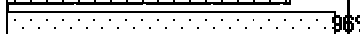
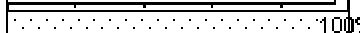
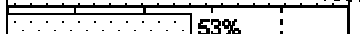

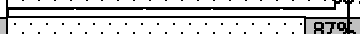
The QCR findings are presented in graphic form to help quantify the observations of the qualitative assessment. Graphs show a comparison of scores for past years' reviews with the current review. The graphs of the two broad domains of Child and Family Status and System Performance show the percent of cases in which the key indicators were judged to be "acceptable." A six-point rating scale is used to determine whether or not an indicator is judged to be acceptable. Reviewers scored each of the cases reviewed using these rating scales. The range of ratings is as follows:

- 1: Completely Unacceptable
- 2: Substantially Unacceptable
- 3: Partially Unacceptable
- 4: Minimally Acceptable
- 5: Substantially Acceptable
- 6: Optimal Status/Performance

Child and Family Status and System Performance are evaluated using 21 key indicators. Graphs presenting the overall, summative scores for each domain are presented below. They are followed by graphs showing the distribution of scores for each indicator within each of the two domains. Later in this section brief comments regarding progress and examples from specific cases are provided.

## Child and Family Status Indicators

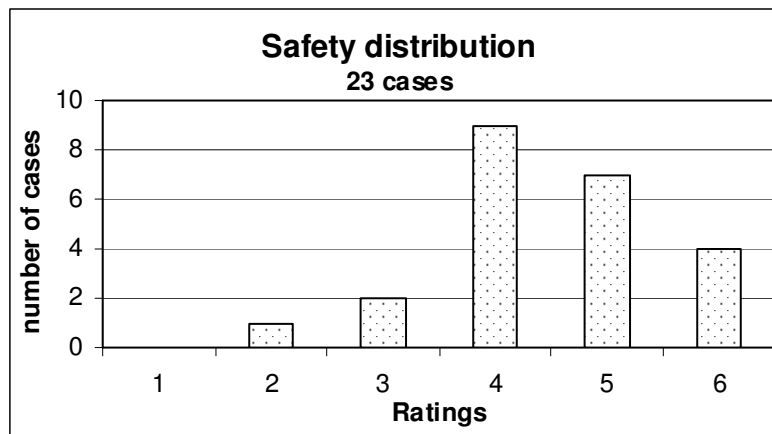
### Overall Status

Northern Child Status									
	# of cases (+)	# of cases (-)		FY06	FY07	FY08	FY09	FY10 Current Scores	Trends
			Standard Criteria 85% on overall score						
Safety	20	3		96%	100%	96%	83%	87%	
Stability	15	8		75%	83%	70%	92%	65%	
Approp. of Placement	22	1		100%	100%	96%	96%	96%	
Prospects for Permanence	14	9		71%	88%	74%	88%	61%	
Health/Physical Well-being	23	0		100%	100%	100%	100%	100%	
Em./Beh. Well-being	19	4		92%	92%	91%	96%	83%	
Learning Progress	22	1		92%	92%	91%	83%	96%	
Caregiver Functioning	15	0		100%	100%	100%	100%	100%	
Family Resourcefulness	8	7		71%	82%	80%	73%	53%	
Satisfaction	22	1		96%	92%	96%	83%	96%	
<b>Overall Score</b>	<b>20</b>	<b>3</b>		<b>96%</b>	<b>100%</b>	<b>96%</b>	<b>83%</b>	<b>87%</b>	Above standards
0% 20% 40% 60% 80% 100%									

## Safety

**Summative Questions:** Is the child safe from manageable risks of harm (caused by others or by the child) in his/her daily living, learning, working and recreational environments? Are others in the child's daily environments safe from the child? Is the child free from unreasonable intimidation and fears at home and school?

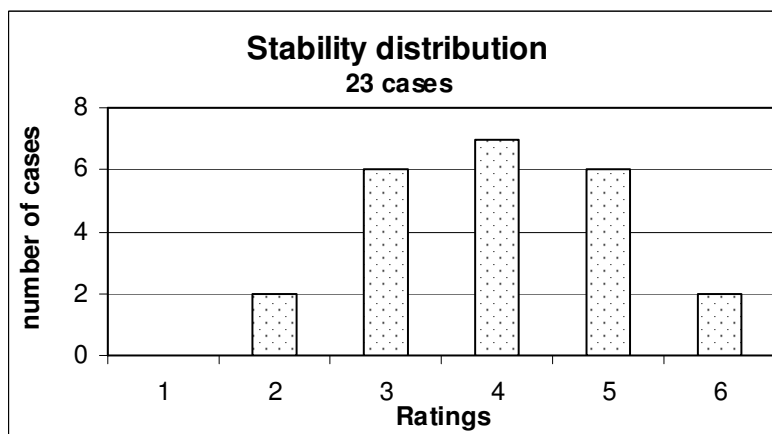
**Findings:** 87% of cases reviewed were in the acceptable range (4-6). This is an increase over last year's score of 83%.



## Stability

**Summative Questions:** Are the child's daily living and learning arrangements stable and free from risk of disruption? If not, are appropriate services being provided to achieve stability and reduce the probability of disruption?

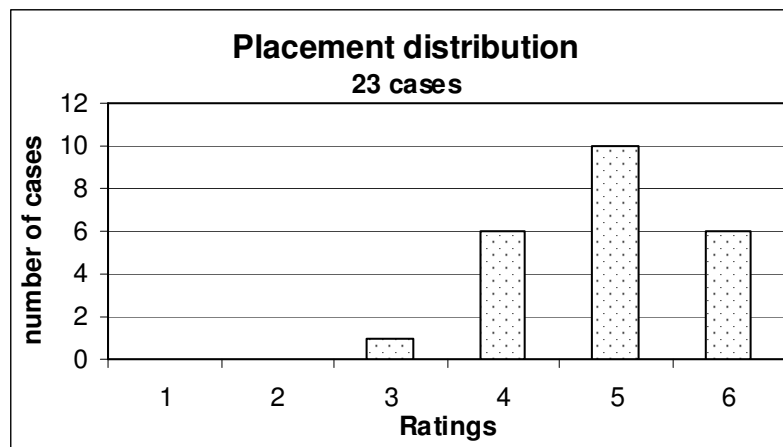
**Findings:** 65% of cases reviewed were in the acceptable range (4-6). This is a significant decrease from last year's score of 92%.



## Appropriateness of Placement

**Summative Questions:** Is the child in the most appropriate placement consistent with the child's needs, age, abilities and peer group and consistent with the child's language and culture?

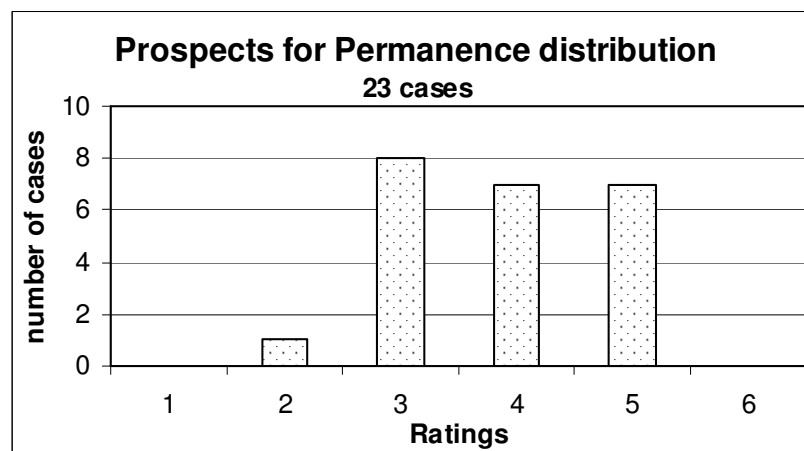
**Findings:** 96% of cases reviewed were in the acceptable range (4-6). The region has maintained this high percentage for the second year in a row.



## Prospects for Permanence

**Summative Questions:** Is the child living in a home that the child, caregivers, and other stakeholders believe will endure until the child becomes independent? If not, is a permanency plan presently being implemented on a timely basis that will ensure that the child will live in enduring relationships that provide a sense of family, stability, and belonging?

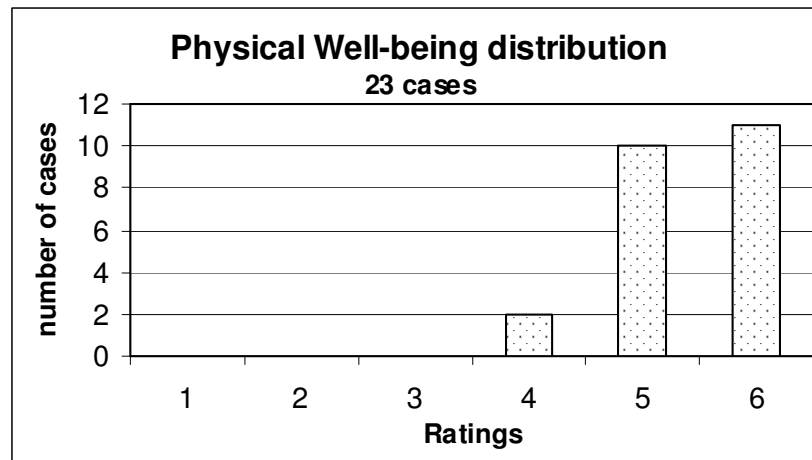
**Findings:** 61% of cases reviewed were within the acceptable range (4-6). This is a significant decrease from last year's score of 88%.



## Health/Physical Well-Being

**Summative Questions:** Is the child in good health? Are the child's basic physical needs being met? Does the child have health care services, as needed?

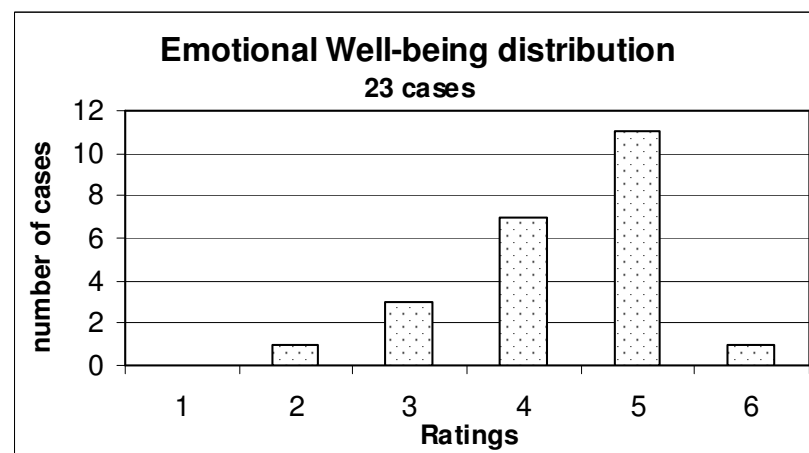
**Findings:** 100% of cases reviewed were in the acceptable range (4-6). The region has maintained this excellent rating for the last 10 years.



## Emotional/Behavioral Well-Being

**Summative Questions:** Is the child doing well emotionally and behaviorally? If not, is the child making reasonable progress toward stable and adequate functioning, emotionally and behaviorally, at home and school?

**Findings:** 83% of cases reviewed were within the acceptable range (4-6). This is a decrease from last year's score of 96%.

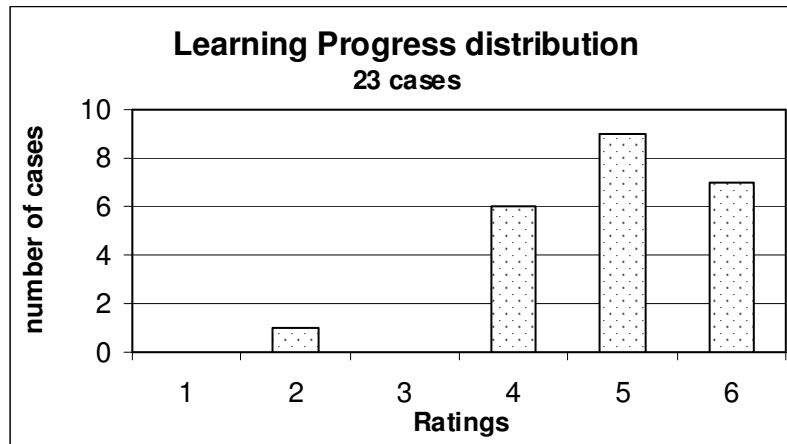


## Learning Progress

**Summative Question:** (For children age five and older.) Is the child learning, progressing and gaining essential functional capabilities at a rate commensurate with his/her age and ability?

**Note:** There is a supplementary scale used with children under the age of five that puts greater emphasis on developmental progress. Scores from the two scales are combined for this report.

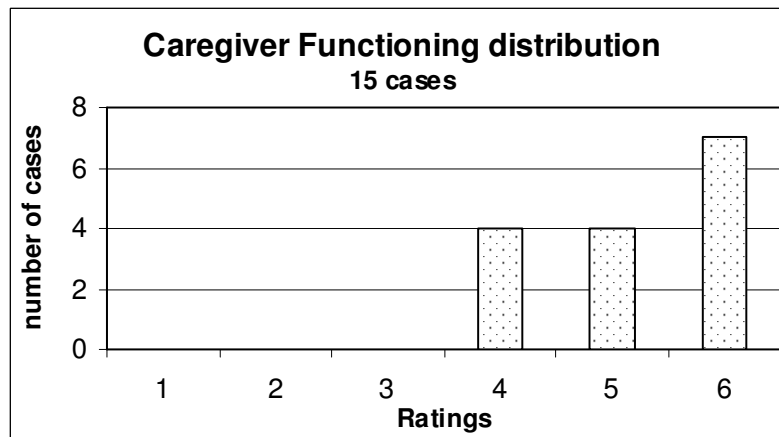
**Findings:** 96% of cases reviewed were within the acceptable range (4-6). This is an increase from last year's score of 83%.



## Caregiver Functioning

**Summative Questions:** Are the substitute caregivers with whom the child is currently residing willing and able to provide the child with the assistance, supervision, and support necessary for daily living? If added supports are required in the home to meet the needs of the child and assist the caregiver, are these supports meeting the need?

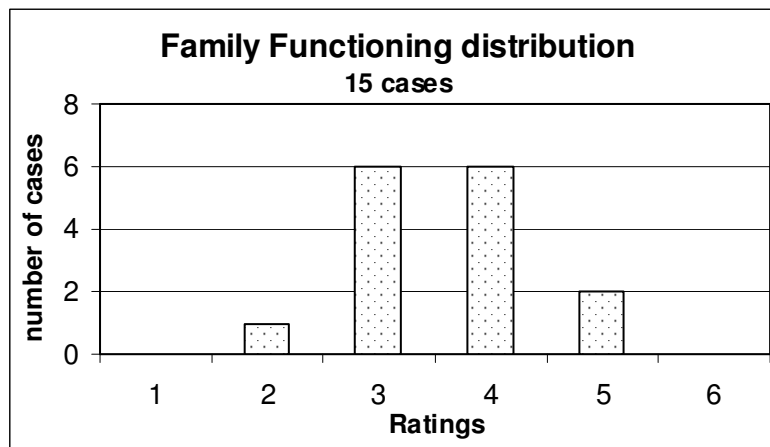
**Findings:** 100% of cases reviewed were in the acceptable range (4-6). The region has maintained this excellent rating for the last seven years.



## Family Functioning and Resourcefulness

**Summative Questions:** Does the family with whom the child is currently residing or has a goal of reunification have the capacity to take charge of its issues and situation, enabling them to live together safely and function successfully? Do family members take advantage of opportunities to develop and/or expand a reliable network of social and safety supports to help sustain family functioning and well-being? Is the family willing and able to provide the child with assistance, supervision, and support necessary for daily living?

**Findings:** 53% of the cases that were scored on this indicator were within the acceptable range (4-6). This is a significant decrease from last year's score of 73%.



## Satisfaction

**Summative Question:** Are the child, parent/guardian, and substitute caregiver satisfied with the supports and services they are receiving?

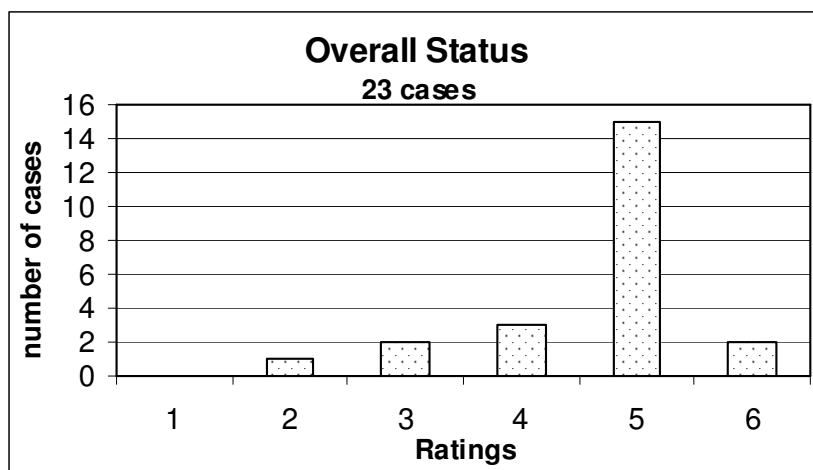
**Findings:** 96% of cases reviewed were within the acceptable range (4-6). This is an increase over last year's score of 83%.



## Overall Child and Family Status

**Summative Questions:** Based on the Qualitative Case Review findings determined for the Child and Family Status Exams 1-11, how well are this child and family presently doing? A special scoring procedure is used to determine Overall Child and Family Status using the 6-point rating scale. A special condition affects the rating of Overall Child and Family status in every case: The Safety indicator always acts as a “trump” so that the Overall Child and Family status rating cannot be acceptable unless the Safety indicator is also acceptable.



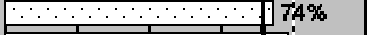



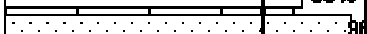





**Findings:** 87% of cases reviewed were within the acceptable range (4-6). The overall Child and Family Status score increased over last year’s score of 83%.





## System Performance Indicators

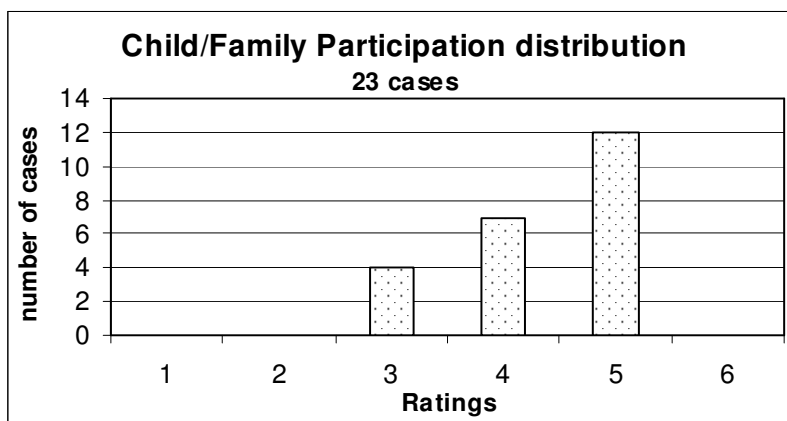
### Overall System

Northern System Performance									
	# of cases (+)	# of cases (-)	Standard Criteria 70% on Shaded indicators Standard Criteria 85% on overall score	FY06	FY07	FY08	FY09	FY10 Current Scores	Trends
C&F Team/Coordination	17	6		71%	83%	83%	88%	74%	Decreased but above standards
C&F Assessment	18	5		54%	79%	70%	79%	78%	Decreased but above standards
Long-term View	17	6		75%	92%	83%	83%	74%	Decreased but above standards
C&F Planning Process	18	5		83%	88%	87%	88%	78%	Decreased but above standards
Plan Implementation	22	1		88%	96%	87%	92%	96%	Above standards
Tracking & Adaptation	23	0		83%	96%	78%	88%	100%	Above standards
C&F Participation	19	4		67%	92%	83%	96%	83%	
Formal/Informal Supports	22	1		92%	100%	100%	96%	96%	
Successful Transitions	20	3		82%	83%	91%	86%	87%	
Effective Results	19	4		92%	100%	87%	88%	83%	
Caregiver Support	14	0		92%	100%	93%	86%	100%	
<b>Overall Score</b>	<b>22</b>	<b>1</b>		<b>88%</b>	<b>96%</b>	<b>91%</b>	<b>96%</b>	<b>96%</b>	Above standards
0% 20% 40% 60% 80% 100%									

## Child and Family Participation

**Summative Questions:** Are family members (parents, grandparents, and stepparents) or substitute caregivers active participants in the process by which service decisions are made about the child and family? Are parents/caregivers partners in planning, providing, and monitoring supports and services for the child? Is the child actively participating in decisions made about his/her future?

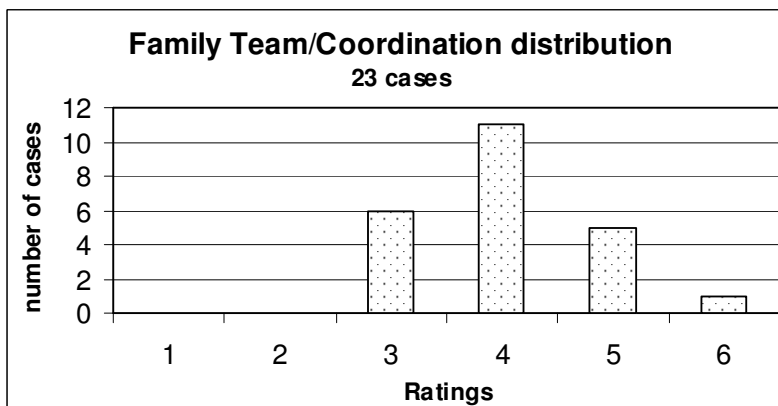
**Findings:** 83% of cases reviewed were within the acceptable range (4-6). This is a decrease from last year's score of 96%.



## Child and Family Team and Coordination

**Summative Questions:** Do the people who provide services to the child/family function as a team? Do the actions of the team reflect a pattern of effective teamwork and collaboration that benefits the child and family? Is there effective coordination and continuity in the organization and provision of services across all interveners and service settings? Is there a single point of coordination and accountability for the assembly, delivery, and results of services provided for this child and family?

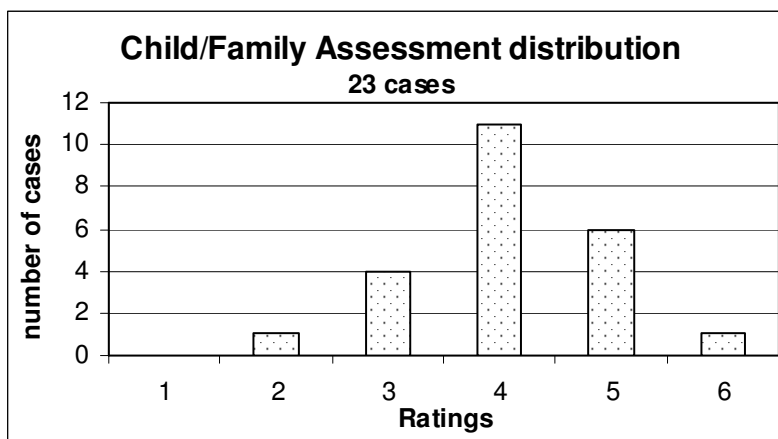
**Findings:** 74% of cases reviewed were within the acceptable range (4-6). This is a decrease from last year's score of 88%.



## Child and Family Assessment

**Summative Questions:** Are the current, obvious and substantial strengths and needs of the child and family identified through existing assessments, both formal and informal, so that all interveners collectively have a “big picture” understanding of the child and family and how to provide effective services for them? Are the critical underlying issues identified that must be resolved for the child to live safely with his/her family independent of agency supervision or to obtain an independent and enduring home?

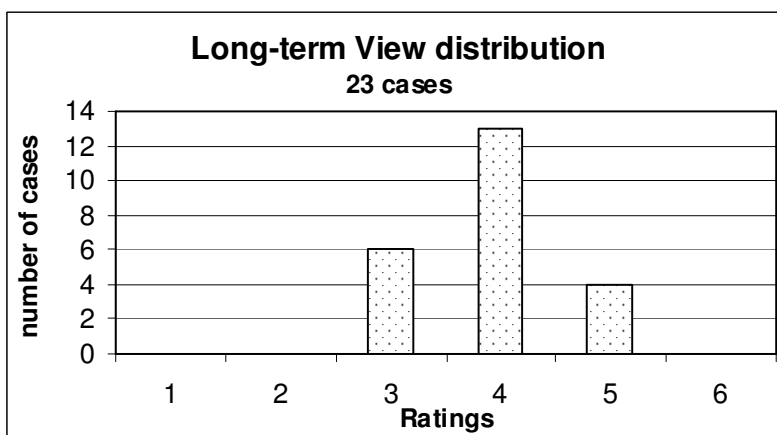
**Findings:** 78% of cases reviewed were in the acceptable range (4-6). This is a slight decrease from last year’s score of 79%.



## Long-Term View

**Summative Questions:** Is there an explicit plan for this child and family that should enable them to live safely and independent from the child welfare system? Does the plan provide direction and support for making smooth transitions across settings, providers and levels of service?

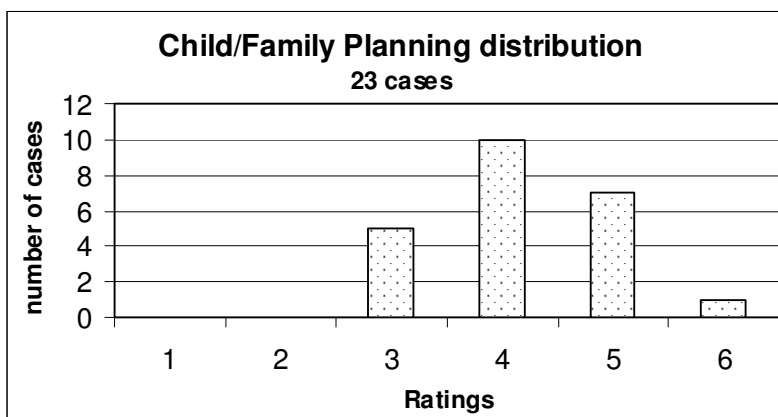
**Findings:** 74% of cases reviewed were within the acceptable range (4-6). This is a decrease from last year’s score of 83%.



## Child and Family Planning Process

**Summative Questions:** Is the Child and Family Plan individualized and relevant to needs and goals? Are supports, services and interventions assembled into a holistic and coherent service process that provides a mix of elements uniquely matched to the child/family's situation and preferences? Does the combination of supports and services fit the child and family's situation so as to maximize potential results and minimize conflicting strategies and inconveniences?

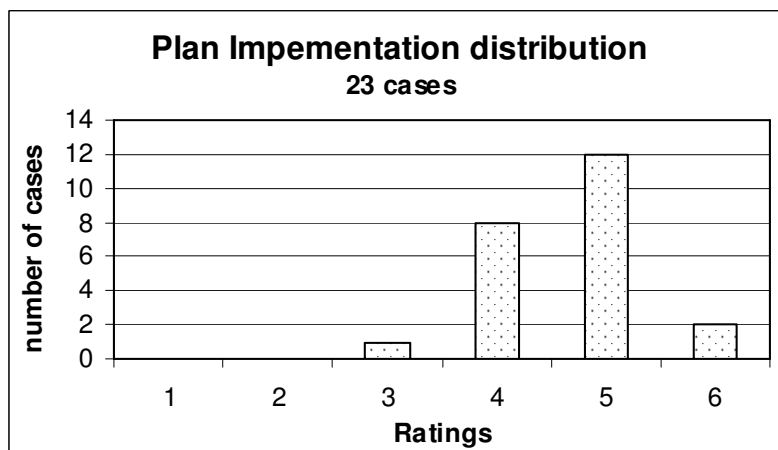
**Findings:** 78% of cases reviewed were within the acceptable range (4-6). This is a decrease from 88% last year.



## Plan Implementation

**Summative Questions:** Are the services and activities specified in the child and family plan 1) being implemented as planned, 2) delivered in a timely manner, and 3) at an appropriate level of intensity? Are the necessary supports, services and resources available to the child and family to meet the needs identified in the plan?

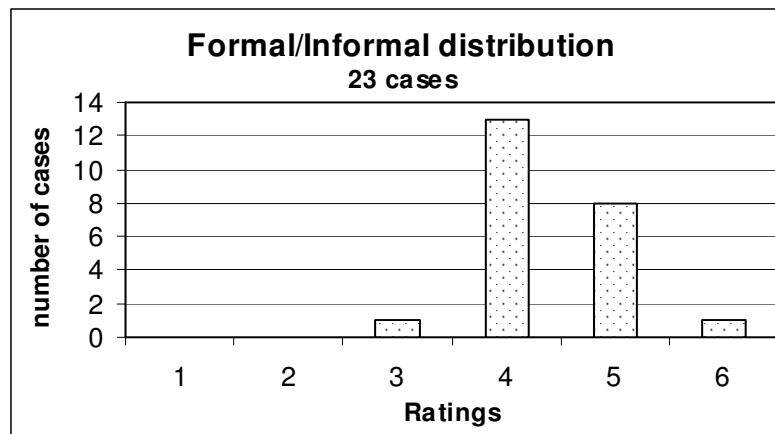
**Findings:** 96% of cases reviewed were within the acceptable range (4-6). This is an increase over last year's score of 92%.



## Formal and Informal Supports and Services

**Summative Questions:** Is the available array of school, home, and community supports and services provided adequate to assist the child and family reach levels of functioning necessary to achieve the goals of the child and family plan and for the child to make developmental and academic progress commensurate with age and ability?

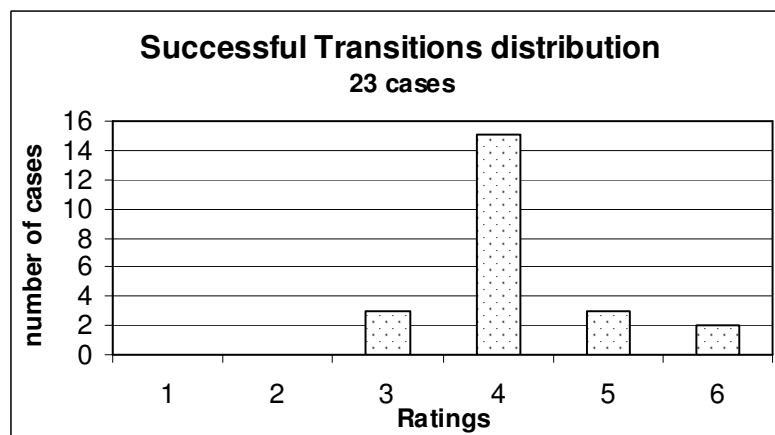
**Findings:** 96% of cases reviewed were within the acceptable range (4-6), which is the same as last year's score.



## Successful Transitions

**Summative Questions:** Is the next age-appropriate placement transition for the child being planned and implemented to assure a timely, smooth and successful situation for the child after the change occurs? If the child is returning home and to school from a temporary placement in a treatment or detention setting, are transition arrangements being made to assure a smooth return and successful functioning in daily settings following the return?

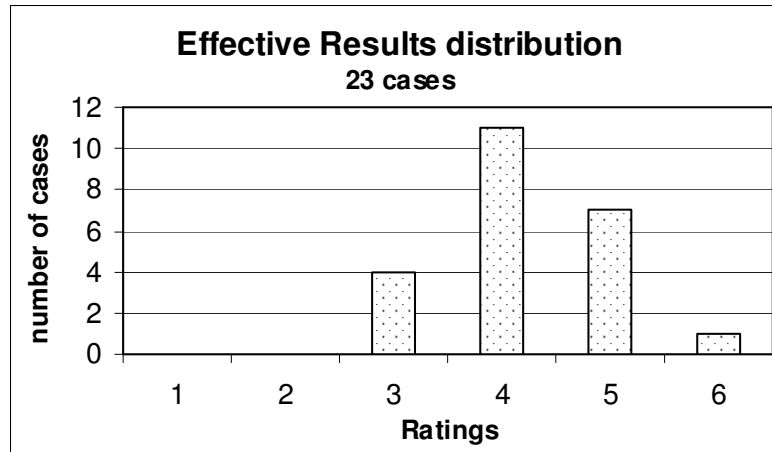
**Findings:** 87% of cases reviewed were within the acceptable range (4-6), which is a slight increase over last year's score of 86%.



## Effective Results

**Summative Questions:** Are the planned education, therapy, services, and supports resulting in improved functioning and achievement of desired outcomes for the child and family that will enable the child to live in an enduring home without agency oversight?

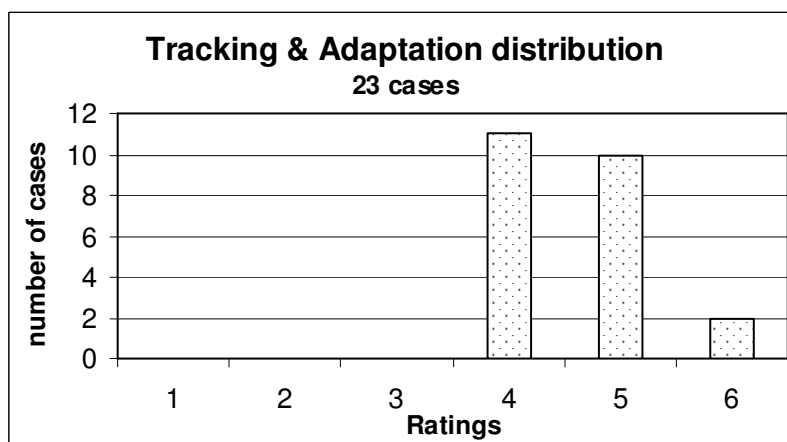
**Findings:** 83% of cases reviewed were within the acceptable range (4-6). This is a decrease from last year's score of 88%.



## Tracking and Adaptation

**Summative Questions:** Are the child and family status, service process, and results routinely followed along and evaluated? Are services modified to respond to the changing needs of the child and family and to apply knowledge gained about service efforts and results to create a self-correcting service process?

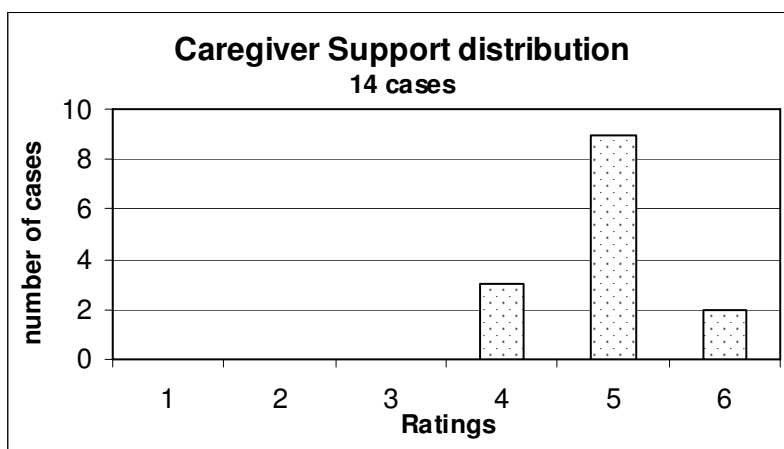
**Findings:** 100% of cases reviewed were in the acceptable range (4-6). This is an increase over last year's score of 88%.



## Caregiver Support

**Summative Questions:** Are the substitute caregivers in the child's home receiving the training, assistance and supports necessary for them to perform essential parenting or care giving functions reliably for this child? Is the array of services provided adequate in variety, intensity and dependability to provide for caregiver choices and to enable caregivers to meet the needs of the child while maintaining the stability of the home?

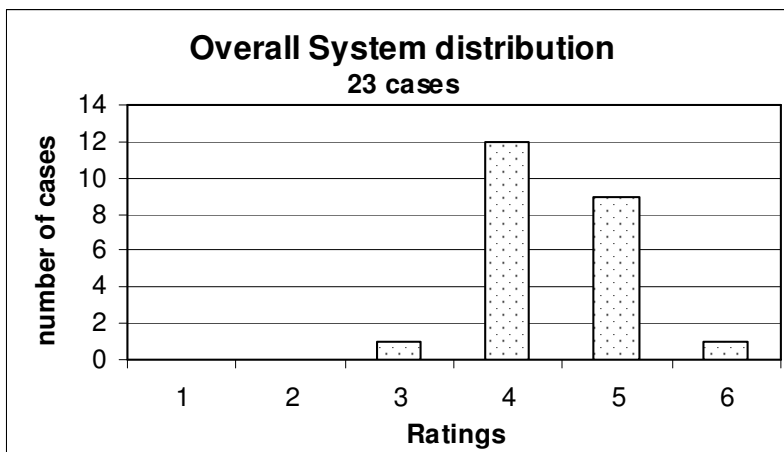
**Findings:** 100% of cases reviewed were in the acceptable range (4-6). This is an increase over last year's score of 86%.



## Overall System Performance

**Summative Questions:** Based on the Qualitative Case Review findings determined for System Performance exams 1-11, how well is the service system functioning for this child now? A special scoring procedure is used to determine Overall System Performance for a child.

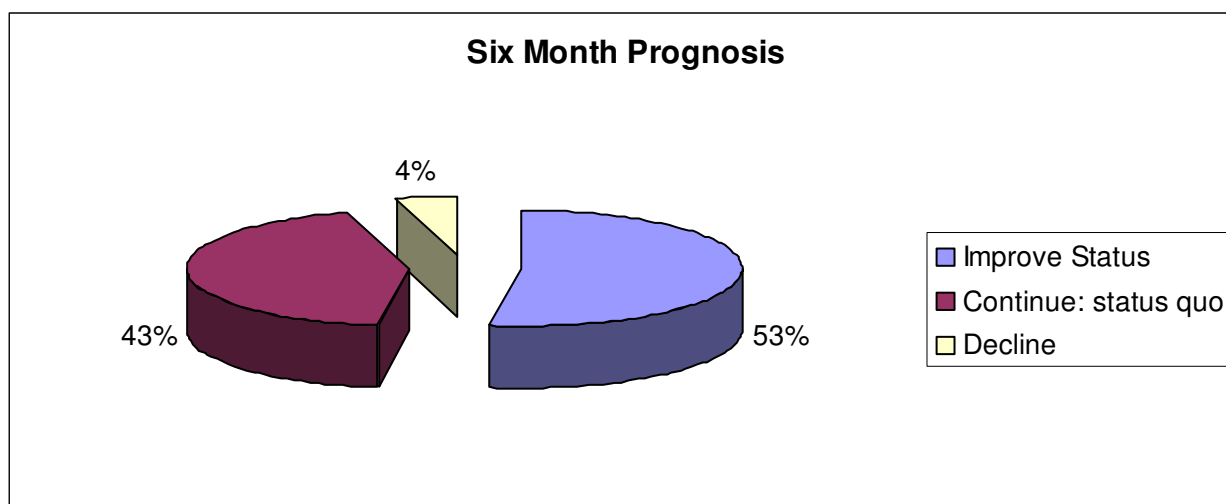
**Findings:** 96% of cases reviewed were within the acceptable range (4-6). The Overall System Performance was maintained at 96% for the second year in a row.



## Status Forecast

One additional measure of case status is the reviewers' prognosis of the child and family's likely status in the next six months, given the current level of system performance. Reviewers respond to this question: "Based on current DCFS involvement for this child, family, and caregiver, is the child's overall status likely to improve, stay about the same, or decline over the next six months?"

Of the 23 cases reviewed, 53% (12 cases) anticipated an improvement in family status over the next six months. In 43% (10) of the cases, family status was likely to stay about the same. In 4% (1) of the cases, it was anticipated that the family's status would decline over the next six months.



A case with a prognosis of "likely to improve" over the next six months is considered positive. The question then becomes, what about the cases where it is anticipated that things will "stay about the same" over the next six months? For a family that is doing well, a prognosis of staying about the same could be positive. For a family or child with poor status, it would be negative to be in the same position in six months. The data indicates that of the 10 cases with a prognosis of staying about the same over the next six months, eight cases had acceptable ratings in child and family status. Of those eight cases, six cases were rated as either substantially acceptable or optimal status so it would be a positive expectation for those to continue status quo. The remaining two cases with a prognosis of staying about the same had unacceptable ratings in child and family status.

Of the total 23 cases in the review, three cases had a negative prognosis. All three of the cases with a negative prognosis were the three cases that had unacceptable ratings on safety. All three cases involved teenagers, one 15-year-old and two 17-year-olds. Review of the three case stories indicates that the primary factor impacting the negative prognosis is the anticipation that the teenagers were going to continue to participate in significantly dangerous behavior such as running away, assaulting others, substance abuse, delinquency, and suicidal ideation. In one of the cases, the parents' financial struggles and pending prospect of losing their home also contributed to the negative prognosis.



## Outcome Matrix

The display below presents a matrix analysis of the service testing results during the current QCR. Each of the cells in the matrix shows the percent of children and families experiencing one of four possible outcomes:

- Outcome 1: child and family status acceptable, system performance acceptable
- Outcome 2: child and family status unacceptable, system performance acceptable
- Outcome 3: child and family status acceptable, system performance unacceptable
- Outcome 4: child and family status unacceptable, system performance unacceptable

The desired result is to have as many children and families in Outcome 1 as possible and as few in Outcome 4 as possible. It is fortunate that some children and families do well in spite of unacceptable system performance (Outcome 3). Experience suggests that these are most often either unusually resilient or resourceful children and families, or children and families who have some “champion” or advocate who protects them from the shortcomings of the system. Unfortunately, there may also be some children and families who, in spite of good system performance, do not do well (these children and families would fall in Outcome 2).

The outcome matrix for children and families reviewed during the Northern Region review indicates that 82.6% (19) of the cases had acceptable ratings on both Child Status and System Performance. There were three cases that rated unacceptable on Child Status but System Performance was acceptable. One case had unacceptable System Performance but the status of the child was acceptable. There were no cases that rated unacceptable on both Child Status and System Performance.

	Favorable Status of Child	Unfavorable Status of Child
	Outcome 1	Outcome 2
<b>Acceptable System Performance</b>	Good status for the child, agency services presently acceptable.  n=19 82.6%	Poor status for the child, agency services minimally acceptable but limited in reach or efficacy.  n=3 13%
<b>Unacceptable System Performance</b>	Outcome 3	Outcome 4
	Good status for the child, agency mixed or presently unacceptable.  n=1 4.3%	Poor status for the child, agency presently unacceptable.  n=0 0%

## **Summary of Case Specific Findings**

### **Case Story Analysis**

For each of the cases reviewed in Northern Region, the review team produced a narrative shortly after the review was completed. The case story narrative contains a description of the findings, explaining from the reviewers' perspective what seems to be working in the system and what needs improvement. Supplementing the numerical scores, the case stories help to provide insight into how system performance affects important outcomes for particular children and families. The case stories are provided as feedback to the caseworker and supervisor responsible for each case reviewed, and all of the case stories are provided to the Office of Services Review for content analysis and comparison with previous reviews.

The summary of case specific findings provides selected examples of results and practice issues highlighted in the current review. Because some of the results are self-evident or have been stable at an acceptable level, only the key Child Status indicators and core System Performance indicators are included.

### **Child and Family Status**

#### **Safety**

The safety indicator represents one of the fundamental responsibilities of the child welfare system. Although there is no perfect guarantee of safety under any circumstances (within or outside of the child welfare system), safety is more likely when key indicators of system performance are reliably present. Safety is a “trump” exam meaning that overall child status on each case is acceptable only when safety is rated in the acceptable range. Safety is scored in two separate areas- safety for the child and child risk to others.

In the cases that had an acceptable score on safety, the safety issues had been identified and addressed in the plan and by the team. The following case exemplifies how services can help manage safety risks in a way that allows a child to remain home.

*[Target child] is active with friends and within her church group. She continues to have a group of friends and a couple of best friends. [Target child] indicated that she feels very safe at home, church and at school. When asked if there was any place or any time that she felt unsafe, she replied, “No.” She identified her parents as those who she would go to if she felt frightened. The father completed his anger management class in February. The father indicated that he learned a lot about anger and also learned how to interact with others when he felt them pushing his buttons. Both parents had also finished their court ordered parenting class and agreed that they had gained some good insights from the class. No one the reviewers interviewed indicated that there were any concerns about [target child’s] living conditions. She reports having strong familial relationships and a good relationship with adult members of her church. She identified friends from both school and community. All team members indicated that they believed*

*that [target child] would remain home and continue her appropriate development within the family and social circles.*

The following case example illustrates how a youth's choices and behaviors can negatively impact their safety status.

*Safety has been an ongoing concern throughout this case. [Target child] came into care because of suicidal concerns and risky behaviors. She did well with the structure in the proctor home; however, now that she is back with her mother [target child's] therapist has safety concerns. The therapist's safety concerns include prescription drug abuse, alcohol abuse, self-mutilation, binge drinking, shoplifting and unsafe sexual relations. He stated that [target child] admitted to doing these within the last three weeks. There is a big concern of the prescription medication taken with alcohol, and she is sometimes unaware of what medication she is taking. Several members of the team raised another safety issue. The mother has a Traumatic Brain Injury (TBI), which limits her functioning. Several team members felt mother is unable to provide the structure and environment needed to keep [target child] safe. [Target child] herself said she could intimidate her mother to get what she wanted. The therapist stated that he feels like [target child] could be a possible risk to her mother. The mother refused to speak to the reviewers and often refuses to interact with others. [Target child] has been home about eight weeks and many safety issues are still being assessed.*

There were three cases in which safety was rated as unacceptable. In all three of the cases, the child was considered to be a risk to the safety of others. In two of the cases, the child's safety was also considered to be at risk. All three cases involved female teenagers ranging from 15 to 17 years old. In each of the cases, the youth struggled with significant behavior issues within the past 30 days that impacted their safety status. One youth was residing in a residential level of care and recently assaulted a staff member severely enough to be charged with assault and resisting arrest. Another youth who had been residing at home was involved in a brutal fight at school that resulted in the other younger girl receiving broken bones and being transported to the hospital. As referenced above, the third case that struggled with safety involved a youth that recently transitioned home to her mother's care. The youth placed herself at an elevated risk of harm due to her behaviors such as substance abuse, prescription abuse, self-harm, and delinquency. There were also concerns about the mother's ability to provide the structure the youth needed and the potential risk the youth posed to her mother as the child felt like she could intimidate her mother.

## **Stability**

Stability is an important indicator of well-being for children, especially for those in foster care. Stability in caring relationships and consistency of settings and routines are essential for a child's sense of identity, security, attachment, trust, and optimal social development. The following case story illustrates the caseworker and caregivers' recognition of the importance of maintaining consistency in relationships and schooling for a child that was removed from her mother and placed with her father.

*[Target child] has been with her dad from the very beginning of this case back in October 2009. Living in the home with them is [the father's] mother and grandmother who are a big help in taking care of [target child] in getting her to school when necessary while [the father] goes to work and such. [Target child] has been in the same school since removal as well. Stability could not be more optimal as [target child] enjoys the positive relationships she has with her grandmother and great grandmother, while at the same time gets to spend time with her half-siblings as they come and go for visits as well. She has been in this home since removal and it was a home she was already familiar with.*

Instability in living arrangements and caregivers as well as significant changes in other important relationships can have a negative impact on a child. One case story illustrates how a history of multiple moves and school changes, along with more anticipated changes, was problematic for a child.

*[Target child] stayed at the [shelter] from his removal on 23 July 2008 through 24 September 2008. This was a longer stay than anyone had hoped; however, kinship was explored during this time, as well as several foster families contacted for placement. After it was determined that [target child's] needs exceeded that of what a foster family could provide, [target child] was staffed as high cost. [Target child] spent approximately 10 months at the [residential program] in [the city]. This is a residential treatment facility. [Target child] was placed there on 24 September 2008, and remained until 14 July 2009. An adoptive family was identified and a long transition took place. This adoptive family worked with [target child] and therapists for approximately three months prior to his full time placement with them on 14 July 2009. While with [the adoptive family], [target child] attended [the local] Elementary School. The teacher reported that [target child's] schoolwork was increasingly under grade level. Things went well with [target child] for about two months, after which his behaviors increased and despite the frequent in-home therapy and expanded respite allotments, [target child's] placement with this family disrupted on 13 January 2010 just two weeks shy of his anticipated adoption date. [Target child] was taken to the [shelter] for a few hours and was placed with his current foster parent that evening. She reported that he has had a lot of change and loss. [Target child] thinks if he has a bad day he will have to leave. He has subsequently changed schools and now attends [a local] Elementary School. Up to now [target child] has had temporary placements, two foster placements and has attended two elementary schools. At present he is with a good foster parent, and it is anticipated that there will be a more permanent placement, which will probably result in another home and school change.*

There were eight cases in which stability was rated as unacceptable. Review of the case demographics indicates that the majority of the cases (7) were foster care cases with the remaining case being a home-based case. The children who struggled with stability were either older teenagers (5 cases) ranging from age 15 to 17 years old or younger children (3 cases) ranging from 1 to 6 years old. Four of the seven cases that struggled on stability involved children residing in higher levels of care such as proctor and residential care. Of the remaining

four cases, three were placed at home and one child was in a basic level foster home. Review of the case stories indicates that stability was problematic because the children experienced multiple changes in placement which resulted in a change in key connections or relationships such as the child's caretaker, school, therapist, and peer group. Five of the eight cases that struggled with stability were also expecting another change in placement or had significant doubts that the current placement would endure. The case stories also provide some insight into the reasons for the changes in placement. The single biggest contributing factor to the children experiencing multiple placement changes was the acting out or behavior issues of the child. This was evident in six of the eight cases. The behavior issues included assaults, substance abuse, and suicide attempts. In two of the cases, the instability of the parents, such as a history of frequent moves and mental health issues, contributed to the low stability rating. In another case, the child had bounced between parents and grandparents resulting in the unacceptable stability status.

### **Prospects for Permanence**

Permanency is widely recognized as a primary outcome for children in the child welfare system. Every child is entitled to a safe, secure, appropriate, and permanent home. The following case is an example of the team's planning for the permanency needs of a child that extends far beyond case closure.

*Because [target child] is at home with her mother, she is currently living in the least restrictive, most appropriate placement consistent with all of her needs. [The mother] is currently successful in her substance abuse recovery plans. Team members expect that this setting should endure until the child reaches maturity. The child has already been transitioned home and has almost three months of success, and the team is implementing adequate plans that support that expectation because stability is being achieved.*

Inadequate permanency often results when a child is not residing with caregivers where the relationship is expected to endure until the child becomes an adult. The plan for meeting a child's need for permanency is considered unacceptable if the child does not have enduring relationships that provide a sense of family, stability, and belonging as demonstrated in the following case example.

*When [target child] is no longer in detention, the team is planning on her returning to the residential group home to complete the program. The plan for permanence is tentative and isn't a clear and concrete plan. The caseworker is confident and optimistic that [target child] will be adopted and the team would like to see [target child] have permanence. However, at this time [target child] is unable to maintain living successfully in a group home even with trained professionals on call to help her. The caseworker is working with a family interested in adoption, but they had not met [target child] at the time of the review. Several members of the team are concerned [target child] is being set up to fail in another potential adoptive placement, which would be another rejection for her. [Target child's] parents have relinquished rights and another woman who knew her, understood her issues and had training withdrew from the adoption plan. There are no plans in place for a permanent placement. Adoption is the*

*concurrent goal; however, many on the team feel [target child] needs to be stabilized before adoption can be addressed, and a permanent placement is not identified.*

There were nine cases in which the child's prospects for permanency were rated as unacceptable. Review of the case demographics indicates that all nine of the cases were foster care cases. The children who struggled with permanency tended to be either older teenagers (5 cases) ranging from age 15 to 17 years old or younger children (4 cases) ranging from age 1 to 7 years old. Five of the nine cases that struggled on permanency involved children residing in higher levels of care such as proctor and residential care. Of the remaining four cases, three were placed in basic level foster homes and one child was residing at home. Review of the case stories indicates a variety of issues and circumstances negatively impacting permanency. In two of the cases, the children were residing in non-adoptive homes while there are ongoing efforts to locate an adoptive home. Two of the youth that struggled on permanency were residing in residential levels of care and needed to stabilize their behaviors before stepping down to more permanent placement. In three cases, the team was unsure that the current permanent placements would endure because either the placement was brand new, the parent's stability was in question, or the Native American tribe had intervened and hoped to move the child to a Native American home. Two of the other cases struggled on permanency because there was no clear permanency plan or the plan was just being developed.

### **Family Functioning and Resourcefulness**

The readiness of families to function safely and independently without extensive formal supports is a key long-term indicator of sustainable progress. The family's ability to function and obtain appropriate supportive resources is a strong component of children being able to be safely maintained in their home or being able to be successfully returned home. The case example below exemplifies how parents who are proactive in obtaining services and resources can elevate their level of functioning.

*The family is functioning quite well. All three parents are working. The stepfather works with a cousin installing awnings, the mother works with her parents, and the father is a maintenance worker for a condominium. Both sets of parents have taken parenting classes and report that they were helpful and taught them things about being a parent. The mother has taken responsibility to get the children signed up for WIC, food stamps and SSI. She transports [target child] to his appointments and school. The car and apartment are owned by relatives to whom they make payments; however, neither one hold it against them if they miss payments. The stepparents are going to AA/NA and have a sponsor. They don't seem to have many friends outside of their family, due in part to dropping their drug friends. They reported they have made a friend from the NA classes and were having them over to dinner. The mother has remained sober for many months. The stepfather has completed phase IV of Drug Court and the mother is nearing completion.*

In some cases, the parents' inability to take charge of their situation can be a barrier that prevents a child from being able to return home or from being able to safely maintain the child in their

home. The following case story example demonstrates how in spite of intense accommodations, a parent's unwillingness to cooperate can thwart progress.

*The mother has not completed any of the assessments or services ordered by the court. At best, she visited the children sporadically and often with the Division transporting her or making extraordinary efforts to support visitation. Even the mental health therapist transported all of the children to mother's home when she called to say she wouldn't be able to attend a therapy session, as "11 o'clock was too early for her." He conducted the session and made his observations of the mother and children at her home. This would be very extraordinary in any other mental health office/professional. Her familial support network has tired of her lack of motivation and agrees the children are better off in care. She is currently in jail awaiting some charges related to drug use.*

## **System Performance**

### **Child and Family Team and Coordination**

The use of child and family teams is a core aspect of the Practice Model and leads to success in many other areas of system performance. Effective teaming is often mentioned as a key element in cases that scored well on overall system performance. The following example illustrates how an effective team can produce positive results as they serve as both a monitor and a support to the family.

*The family indicated that team meetings were called at various times and that the caseworker has tried to accommodate the schedules of the family members. The team consists of mom, stepdad, father, maternal parents, paternal parents, caseworker, Headstart coordinator, drug court therapist, Guardian ad Litem, and Assistant Attorney General. Because this is a drug court case, the team either meets or has professional staffings every two weeks. There have been at least two family team meetings since October 2009 in addition to the drug court meetings. The team talks about the plan, strengths and needs at every meeting. They track the success or lack of success so that the progress can be reported to the court. The team seems to be using the assessment information available to them to decide what needs to be done next. The team has discussed the father's DUI, the goal of reunification, and the steps to reach reunification such as ongoing therapy, graduation from drug court, jobs, AA/NA and aftercare. Just as important, the team has discussed the family's success with the program and has acted as "cheerleaders" for the family. People point out that the caseworker is the single point of contact. The team members also indicated that they felt that if an issue comes up, they are free to call a team meeting at any time. When asked if they had done so, they indicated that they had. The mother reported that she could invite anyone to the team meetings she wanted but had chosen not to do so.*

Inadequate teaming leads to a lack of shared understanding and ineffective planning. The case below demonstrates how ineffective teaming can fail to produce the desired changes.

*The coordination of the child and family team is underpowered. Beyond the parents and foster parents being present for team meetings, the mother's peer parent and the father's peer parent each attended only one meeting. Team meetings appear to be at the convenience of the agency rather than working towards a time that all team members are available. Neither the therapist nor the Early Interventionist was able to attend a child and family team meeting. Their presence may have enhanced the parents' understanding of the situation and the need for the required interventions. The therapist and the Early Interventionist were able to update the worker, who then updated the team as to what needs were identified and what needed to happen next. Some members that were interviewed felt like part of a team, though most did not feel that they had an impact on the direction of the case. Beyond the parents, foster parents and legal partners; none of the team members had a "full picture" of the family or felt they were very knowledgeable about all of what was happening in the family. The team seemed to lack the power to effect change. It appeared that the team meeting was used as a way to schedule visitation between the parties and as a post hoc mediation of sorts. Though the team met several times, the team did not seem to meet at the critical times or frequently enough to really illicit changes needed to move the family forward to a common goal.*

There were six cases that rated as unacceptable on Child and Family Teaming and Coordination. Review of these six case stories indicated two primary concerns. The concern mentioned most often was the lack of formal family team meetings with the entire team. This translated into poor coordination and information sharing. When team meetings were infrequent or not held at critical times, team members felt like they were missing information or had no impact on the direction of the case. When caseworkers would coordinate information individually with providers, it would result in one service provider not knowing what the other service provider was doing. The second item that proved to be the most problematic for the teaming indicator was key members missing from the team. Missing key members included school teacher, therapist, peer parent, Guardian ad Litem, father, grandparent, and the Early Intervention worker. In one case, the lack of scheduling accommodations negatively impacted what team members were able to attend team meetings.

### **Child and Family Assessment**

Formal and informal assessments are critical in developing an understanding of the child and family and how to best provide effective services for them. The following example exemplifies how an evolving assessment can enhance a team's understanding and planning.

*The caseworker is continually assessing the needs of [target child]. The information is continually being gathered from the school, proctor home, and [target child's] therapist. The information that is gathered is passed freely to the team to assure that everyone is moving in a common direction. This gives the team a good big picture view of [target child] and his unique situation. The team is very aware of his needs and underlying*



*issues. Some of the needs identified by the team are [target child] needing to have a sense of belonging in his life and security in his relationships.*

Lack of a good, shared assessment among team members can lead to poor planning and ineffective results. The case example below demonstrates how lack of assessment can result in the team failing to address key underlying issues.

*There was very little in the file regarding formal assessments on [the mother], which was a critical piece to have in order to make reasonable efforts toward the primary written goal, which was to reunify [target child] with [the mother]. Most of the team could express what they felt [the father] and [target child] needed, though formal assessments for [the father] were sparse at best. When interviewed, most team members were unsure of what underlying issues mom was really dealing with at the time. The timeline identified a few critical events such as [the mother] losing a child to the custody of the father or even the passing of her own father, but there was not much, if any, evidence that these events were considered or being addressed in treatment. The reviewers were told that mom had completed a domestic violence assessment as well as a mental health evaluation, but there was no evidence of either in the file or in discussion with the team members. Apparently, [the mother] was told from the very beginning that “[target child] will be reunified with the most capable parent,” which [the mother] says made her feel like DCFS had their agenda about how they wanted to handle things with [target child] all along. She felt like this “agenda” did not include reunifying [target child] with her. In the back of her mind it seemed she felt like she was told from the very start that she was considered the less capable of the two, especially considering [target child] was placed with [the father] from the start.*

There were five cases that struggled with Child and Family Assessment. Review of those case stories indicates that the most common problem with the team’s assessment of the family was missing key pieces that were needed for effective planning and service delivery. Missing key assessment pieces included information regarding the family’s history, school assessments, developmental delays, parent’s capacity, and caretaker’s strengths and needs. Four of the five cases identified the lack of understanding regarding the child or family’s underlying issues as a reason the assessment was considered inadequate.

## **Long-Term View**

A long-term view addresses a child’s need for enduring safety and permanency. A long-term view helps create a plan for the family that should enable them to live safely and independent from the child welfare system. The following is an example of how a shared long-term view can guide a family and team in their efforts to reach the case goals.

*Each member of the team can articulate that they are working towards reunifying [target child] with her mother. In addition, due to [target child’s] unique circumstance in desiring to raise her infant daughter, the team is working towards helping her obtain the necessary parenting skills and support. It is apparent that the written long-term view is*

*cohesive with the team's understanding, and that it was used to establish services for the family. [Target child's] next transition has been identified by the team members as preparing to return to school as a new mother, and the team is working together to help plan for this event and support her. Some team members have concerns that the long-term view might not be achievable due to the mother's failure to accept responsibility for her actions and her apparent inability to internalize the necessary skills to ensure [target child] will be safe once returned to her home. However, even though the team is concerned that reunification might not be appropriate in the future, they have agreed that the concurrent plan is for [target child] to remain with her current foster family.*

An inadequate long-term view can translate into fragmented planning and decrease the likelihood of success in future transitions. The case example below illustrates how an inadequate long-term view can fail to provide an effective guiding direction to the case.

*The written statement is more the parents' "wish list" than a strategic vision for the family. It notes that the children need a home free of drugs and violence with parents who can provide stability. However, there is no indication of how that will be achieved. Although [the mother] seemed to be making some progress on her objectives, [the mother's paramour] has made little, if any, progress and has provided the division with evidence that his drug problem is a serious one. Although most professionals working with [the mother] and [the mother's paramour] believe they intend to stay involved with each other, the worker reported that the children could be returned to [the mother] if she successfully completed her plan and [the mother's paramour] did not, potentially putting the children once more at risk of exposure to domestic violence and drug use. Everyone the reviewers interviewed understood that reunification with mother was the primary goal, with permanent custody to [the father] should she fail to successfully complete her services. Everyone noted how appropriate and caring he is with [target child], but no one addressed how his struggle with finding a job could impact [target child's] stability over the long term.*

There were six cases with an unacceptable rating on Long-term View. Review of those six case stories indicates that the concern identified most often was team members not sharing the same understanding of the long-term view. This often resulted from the long-term view being unclear or team members considering the long-term view unrealistic or unsustainable. In three of the cases, the lack of identified steps to achieve the long-term view became problematic. In one case, the lack of a concurrent plan contributed to the unacceptable rating.

## **Child and Family Planning Process**

Child and Family Planning Process has two primary elements: the written plan, which is a legal document, and the process used to create the plan. The written plan should be individualized and relevant to the needs and goals of the family. The following case example demonstrates how a relevant written plan helps ensure the appropriate services are being provided.

*The planning process begins with child and family team meetings where the plan is developed. This approach keeps the entire team on the same page. The team also is able*

*to ensure that the needs of [target child] are addressed and services are provided in a timely manner. [Target child's] case has been open for a long time and all the major problems have been addressed and the appropriate services implemented; however, the plan is continuing to be modified and evolve as [target child's] needs evolve.*

The Child and Family Plan becomes problematic when the plan is outdated, generic, or not relevant. The planning process is considered unacceptable when team members are not included in the development of the plan. Consider the following example.

*The child and family plan has not been an accurate reflection of the direction of the case. The plan is extremely generic and does not seem to be tailored to [target child's] needs. It has not been updated to reflect substantial changes in the case and does not show the path to reach her current long term view. She has basically had the same plan for a year and a half – the only change was in one step from foster parent to residential treatment program. It has not necessarily given credit for accomplishments. She reportedly completed her substance abuse program quite some time ago, but the plan still states that she will complete a drug and alcohol assessment and follow its recommendations. It does not address the move to [the training program] or how it will happen. Another concerning issue was that of the three plans, none were actually signed by [target child]. The caseworker and supervisor signatures were the only ones we found. This is a legal document and the fact that neither the client nor the providers for the client ever signed the plan is extremely troubling. From all reports given during the interviews, the need to move [target child] from [the residential program] when they did come as a bit of a surprise, but that occurred in November and the plan was to move [target child] temporarily to [a proctor program] and then to [the training program]. However, at the end of March, the plan still does not reflect any of those changes. They do need to bring the plan current with the present situation and ensure that it is signed by all parties.*

There were five cases in which the Child and Family Planning Process was rated as unacceptable. All five of the cases had issues connected to the formal written Child and Family Plan while one case also struggled with the process of developing the case plan. One concern that was raised in all five cases was the written plan missing key objectives or needs that were either required in the court order or were already being addressed by the client. Missing key pieces included therapy services, specific medical needs, the safety plan, the father's objectives, ICWA requirements, and client signatures on the plan. The other primary issue related to the written plans was they did not reflect the current status of the case. For example, a plan still listed parent reunification steps when the parent's rights had been terminated months earlier. Another example was having a need statement for services that had already been successfully completed which appeared to not give the client credit for what had been accomplished. Inadequate written plans were often described as "generic" plans. The case that struggled with the plan development process portion of the indicator was considered unacceptable due to a key team member expressing the desire to have been included in the teaming portion of the case plan development.

## Plan Implementation

A plan that is being implemented in a meaningful way produces measurable results. The following case example demonstrates how a successfully implemented plan can produce positive results.

*The past plan has been implemented well. Because of work done in the past, the relationships between [target child] and her parents have really improved. The team has been able to get the mother and father in the same room and work for the good of their daughter. The father felt he has really learned from the classes identified on the plan. [Target child] is on track to graduate, as written in the plan.*

Lack of plan implementation often prevents timely services or the services are not provided at an appropriate level of intensity. The following case example demonstrates how parents' choices can be a barrier to successful ongoing implementation of the plan.

*Initially, the services identified for [the mother] in the plan seemed to be successful in addressing her needs. [The father] also was engaging in appropriate services despite the fact domestic violence treatment, UA's or drug and alcohol treatment for him were not included in the initial plan. However, by January the worker was no longer able to contact [the father] directly since his phone bill was not paid, and he appeared to have dropped out of those services. Although [the mother] reported to the worker that she was almost done with her domestic violence classes, she quit going with two classes left. She also never attended more than a couple of individual sessions of drug treatment, something her therapist reported was a necessary part of her treatment. The worker made good faith efforts to contact [the mother] and [father] about her concerns with their follow-through with treatment, but both parents continued their downward spiral. [The father's] drug and alcohol use became even more evident, but at the time of the review, he had not engaged in any services to address that issue other than a short time in outpatient services. [The mother] and [father] appear no closer to being able to get their children back now than they were at the beginning of the service plan.*

## Tracking and Adaptation

Good tracking and adaptation helps with monitoring progress and adapting to evolving needs of the child and family. Consider the following example of how a team's tracking of a youth allowed them to make timely adjustments as needed.

*The communication about [target child's] activities and behaviors are done through emails and telephone conversations. The team has shown its ability to keep current on [target child's] situation and address any concerns as they come up. For example, when the worker learned of the former adoptive parents taking him off his medications, the caseworker immediately intervened and the medication was restarted. The school uses baselines to judge his progress and know where he is educationally. The current therapist does regular therapy sessions in the foster home and has an excellent feel for work being done by the foster mother and suggestions to improve parenting skills. The*

*team members were all aware of [target child's] progress so they are able to plan for the future.*

There were no cases that rated as unacceptable on the Tracking and Adaptation indicator. Not only were there no Tracking and Adaptation indicators with an unacceptable score, just over half (12) of the Tracking and Adaptation scores were rated as either substantially acceptable or optimal.

## V. Practice Improvement Opportunities

During the Qualitative Case Review process, opportunities for practice improvement were observed and identified regarding the system and case management. At the conclusion of each two-day review period, the reviewers met together for a debriefing session during which a brief outline of each case and the reviewers' observations were presented and discussed with the other reviewers. As part of the debriefing process, each review team was asked to present two or three practice improvement opportunities on their case that could improve case outcomes. The suggestions have been categorized into common themes, which are listed below.

### **Teaming:**

When teaming was a practice improvement opportunity:

- The grandparents were an important part of the case and had an influence on decision making, but they had not been included in the teaming.
- It would have been helpful to include future extended adoptive family members in the teaming to help the child feel more like part of the family.
- The family members were not aware that they had participated in any family team meetings.
- There was a need to include service providers in the team meetings.
- The kinship providers had not been invited to team meetings. Their lack of involvement negatively impacted progress towards the concurrent goal.
- There were no family team meetings that included the professionals on the case.
- Lack of teaming and coordination prevented the team from being able to try to adapt services to engage resistant parents.
- There were a lot of emails to clarify what everyone wanted done. More face to face teaming would have been helpful in identifying what was needed in regard to wrap-around services. Some team members would have liked to visit face to face and discuss issues and concerns.
- There was no team meeting where all of the partners were able to come together for planning.
- There have not been any face-to-face family team meetings where everyone sat down around the same table and discussed the current situation, even when many were aware the child's placement was about to disrupt.
- There was a need for more of the formal supports to be at the team meetings which would have deepened the team's assessment of the child.

### **Assessment:**

When assessment was a practice improvement opportunity:

- There was a lack of assessment and understanding regarding the driving behaviors behind mom's substance abuse and domestic violence.
- Some of the assessments were delayed which slowed the potential progress of the child. There were three formal assessments of the child. The first assessment was inaccurate

and the second assessment added nothing to existing knowledge. There was no shared team understanding of the child's needs.

- There was a need for more of the formal supports to be at the table for team meetings, which would have deepened the team's assessment of the child.
- Safety is not being resolved because underlying needs are not met. There is continual formal assessing going on but informal assessing is not shared.

### **Long-term View:**

When long-term view was a practice improvement opportunity:

- The long-term view was outdated and did not reflect the current changes in the case.
- The parents needed to understand and internalize how the steps in the long term view would help meet the children's need for enduring permanency and safety.
- The concurrent long-term plan had not been well planned out. There was some confusion regarding the kinship's provider's plan for the child's living arrangement.
- The steps identified in the long-term view did not translate into the written child and family plan.
- There is no long-term concurrent plan with steps and supports in place.
- The long-term view captured the current state of mind of the team, but steps were missing.
- Since there has been no discussion on long-term view, different team members have strong opinions on what will keep the child safe and successful. There are many diverse opinions on where the child will be in six months, let alone steps to get there.

### **Planning:**

When planning was a practice improvement opportunity:

- The father indicated he felt left out of the planning process.
- The family and worker felt like the court set up the plan and they did not have a lot of input into the objectives.
- The Child and Family Plan was a huge document (19 pages) but only a couple of pages were directly pertinent to the parent.
- The written plan was outdated. There had been a significant change in the case (a trial home visit) that was not reflected in the written plan. The plan was not due to expire for another month and it was anticipated that the plan would be updated at that point.
- The written child and family plan was two pages of primarily "canned" language that did not address the significant medical needs the child had.
- ICWA and cultural supports were missing from the plan.
- There have been many changes in placements and issues, but the written plan never changed.
- The plan is not detailed.

### **Miscellaneous Practice Improvement Opportunities:**

- Outside of family members, the family was isolated with very little informal support.

- The court was slow to adjudicate the original petition.
- The number of changes in the adults and service providers working with a special needs child resulted in the child's behavior regressing.
- There is a need for better coordination of school attendance and credit information between state facilities and local schools. When a child is placed in a facility for an extended period, the school information is often not relayed to the youth's new school which can result in the child not getting proper credit or registering for inappropriate classes.
- Occasionally there is a delay of information between proctor parents and caseworkers when there is an incident in a proctor home. The delay results from the protocol that requires the proctor parent to notify the proctor agency who later relays the information to the caseworker.



## VI. Analysis of the Data

### RESULTS BY CASE TYPE AND PERMANENCY GOALS

The following tables compare how the different Case Types and Permanency Goals performed on some key child status indicators, overall child status, core system performance indicators, and overall system performance. Foster care cases and home-based cases were comparable in both Overall Child Status and Overall System Performance. Except for one Stability indicator, all of the cases that struggled with Stability and Prospects for Permanence were connected to foster care cases. The challenges on the core system indicators of Teaming and Long-Term View were most often associated with the home-based cases.

Case Type	# in Sample	Safety	Stability	Prospects for Permanence	Overall Child Status	Teaming & Coordination	Assessment	Long-Term View	Planning Process	Plan Implementation	Tracking & Adaptation	Overall System Performance
Foster Care	17	88%	59%	47%	88%	76%	76%	76%	76%	100%	100%	100%
Home-Based	6	83%	83%	100%	83%	67%	83%	67%	83%	83%	100%	83%

The four different Permanency Goal types represented in the sample were comparable in their performance in both Overall Child Status and Overall System performance. On the status indicators, cases with the goal of Individualized Permanency struggled with Stability and Prospects for Permanence. On the system performance, cases with the goal of Individualized Permanency struggled on Long-term View and Planning Process. The lowest score on the Teaming indicator belonged to Remain Home cases, which is the goal that is connected to home-based cases.

Permanency Goal	# in Sample	Safety	Stability	Prospects for Permanence	Overall Child Status	Teaming & Coordination	Assessment	Long-Term View	Planning Process	Plan Implementation	Tracking & Adaptation	Overall System Performance
Adoption	4	100%	75%	75%	100%	75%	75%	100%	75%	100%	100%	100%
Individualized Perm.	4	75%	25%	0%	75%	75%	75%	25%	50%	100%	100%	100%
Remain Home	6	83%	83%	100%	83%	67%	83%	67%	83%	83%	100%	83%
Reunification	9	89%	67%	56%	89%	78%	78%	89%	89%	100%	100%	100%

## RESULTS BY CASEWORKER DEMOGRAPHICS

Region administration strives to maintain caseloads at what is described as a more manageable size. The majority (87%) of the caseworkers in the sample had caseloads of 16 cases or less. The highest caseload in the sample was 19 cases. Cases connected with the higher caseloads struggled more on each of the status indicators identified in the chart below. However, workers with the higher caseloads outperformed the lower caseloads on most of the system performance indicators.

Caseload Size	# in Sample	Safety	Stability	Prospects for Permanence	Overall Child Status	Teaming & Coordination	Assessment	Long-Term View	Planning Process	Plan Implementation	Tracking & Adaptation	Overall System Performance
16 cases or less	20	90%	70%	70%	90%	70%	75%	75%	75%	95%	100%	95%
17 cases or more	3	67%	33%	0%	67%	100%	100%	67%	100%	100%	100%	100%

The table below indicates that the caseworker's length of employment in their current position did not make a significant difference in Overall Child Status and Overall System Performance. Workers with less than two years of experience were comparable in their performance with workers that were more experienced. The workers represented in the sample suggest that the region has experienced caseworkers. Nearly half of the sample (11 workers) had more than four years experience as a caseworker.

Length of Employment in Current Position	# in Sample	Safety	Stability	Prospects for Permanence	Overall Child Status	Teaming & Coordination	Assessment	Long-Term View	Planning Process	Plan Implementation	Tracking & Adaptation	Overall System Performance
Less than 12 months	1	100%	100%	0%	100%	100%	100%	100%	0%	100%	100%	100%
12 to 24 months	2	100%	50%	50%	100%	100%	100%	50%	50%	100%	100%	100%
24 to 36 months	5	80%	80%	100%	80%	80%	60%	80%	80%	80%	100%	80%
36 to 48 months	4	100%	75%	75%	100%	100%	100%	100%	100%	100%	100%	100%
48 to 60 months	2	50%	50%	50%	50%	50%	100%	50%	100%	100%	100%	100%
60 to 72 months	1	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
More than 72 months	8	88%	50%	38%	88%	50%	63%	63%	75%	100%	100%	100%

## RESULTS BY OFFICE

Cases from all five offices in the Northern Region were selected as part of the sample. Office A, Office D, and Office E stand out due to the 100% on both Overall Child Status and Overall System performance as indicated in the table below. Most of the cases selected in the sample (19) were from the region's largest offices, Office B and Office C.

Office	# in Sample	Safety	Stability	Prospects for Permanence	Overall Child Status	Teaming & Coordination	Assessment	Long-Term View	Planning Process	Plan Implementation	Tracking & Adaptation	Overall System Performance
Office A	2	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Office B	5	80%	40%	60%	80%	60%	60%	60%	100%	100%	100%	100%
Office C	14	86%	64%	57%	86%	71%	79%	71%	64%	93%	100%	93%
Office D	1	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Office E	1	100%	100%	0%	100%	100%	100%	100%	100%	100%	100%	100%

## RESULTS BY SUPERVISOR

A total of 14 supervisors from throughout the Region participated in this year's review. As indicated in the table below, the majority of the supervisors (11) scored 100% on both Overall Child Status and Overall System Performance. Thirteen of the supervisors scored 100% on Overall System Performance.

Supervisor	# in Sample	Safety	Stability	Prospects for Permanence	Overall Child Status	Teaming & Coordination	Assessment	Long-Term View	Planning Process	Plan Implementation	Tracking & Adaptation	Overall System Performance
Supervisor A	1	100%	100%	0%	100%	100%	100%	100%	100%	100%	100%	100%
Supervisor B	1	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Supervisor C	5	100%	80%	40%	100%	100%	100%	60%	60%	100%	100%	100%
Supervisor D	1	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Supervisor E	1	100%	0%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Supervisor F	3	67%	33%	33%	67%	67%	33%	67%	100%	100%	100%	100%
Supervisor G	1	0%	0%	0%	0%	0%	0%	0%	0%	100%	100%	100%
Supervisor H	1	100%	0%	0%	100%	100%	100%	100%	100%	100%	100%	100%
Supervisor I	1	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Supervisor J	3	67%	67%	100%	67%	67%	67%	67%	67%	67%	100%	67%
Supervisor K	1	100%	100%	100%	100%	0%	100%	100%	100%	100%	100%	100%
Supervisor L	1	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Supervisor M	1	100%	100%	100%	100%	0%	100%	0%	100%	100%	100%	100%
Supervisor N	2	100%	50%	50%	100%	50%	50%	100%	50%	100%	100%	100%

## SYSTEM CORE INDICATORS

How are the ratings of 1 (completely unacceptable), 2 (substantially unacceptable), 3 (partially unacceptable), 4 (minimally acceptable), 5 (substantially acceptable) and 6 (optimal) trending within the core indicators? Below is analysis of the ratings for all Core System Indicators (Child & Family Team/Coordination, Child and Family Assessment, Long-term View, Child & Family Planning Process, Plan Implementation, and Tracking & Adaptation) over the last 10 years. The most ideal trend would be to see an increase in the average score of the core indicators along with an increase in the ratings within the acceptable range (i.e. ratings of 4 moving to 5's and 6's).

As indicated in the Total Number Acceptable column in the table below, the number of acceptable scores on the Child and Family Team and Coordination indicator has dropped to the lowest total since 2006. Over the last five years, the region has maintained about the same number of scores that rated as a four. The decrease in the Average Score of the Core Indicator is due to the decrease in scores rated as five and an increase in the number of scores rated as three.

Child and Family Team & Coordination									
Year	Total Cases	Rating 1	Rating 2	Rating 3	Rating 4	Rating 5	Rating 6	Total Number of Acceptable	Avg Score of Core Indicator
2001	24	2	6	9	5	2	0	7	2.96
2002	24	2	4	8	3	5	2	10	3.46
2003	24	0	4	10	7	3	0	10	3.38
2004	24	0	1	7	12	3	1	16	3.83
2005	24	0	1	5	10	7	1	18	4.08
2006	24	0	0	7	11	6	0	17	3.96
2007	24	0	0	4	12	6	2	20	4.25
2008	23	0	1	3	11	7	1	19	4.17
2009	24	0	0	3	13	8	0	21	4.21
2010	23	0	0	6	11	5	1	17	4.04

As indicated in the Child and Family Assessment indicator table below, the region has maintained approximately the same Total Number of Acceptable cases for the last four years. While the total number of acceptable cases has been fairly consistent, the Average Score of the Core Indicator has trended up over the last three years to an all-time high of 4.09.

Child and Family Assessment									
Year	Total Cases	Rating 1	Rating 2	Rating 3	Rating 4	Rating 5	Rating 6	Total Number of Acceptable	Avg Score of Core Indicator
2001	24	1	5	8	7	3	0	10	3.25
2002	24	1	2	8	9	4	0	13	3.54
2003	24	1	3	10	10	0	0	10	3.21
2004	24	0	2	9	9	4	0	13	3.63
2005	24	0	2	6	10	6	0	16	3.83
2006	24	0	2	9	11	2	0	13	3.54
2007	24	0	0	5	14	5	0	19	4.00
2008	23	0	1	6	10	6	0	16	3.91
2009	24	0	0	5	14	5	0	19	4.00
2010	23	0	1	4	11	6	1	18	4.09

According to the table below, the region experienced a decrease in the number of Long-Term View indicators that were rated as a five. This directly correlates with the increase in the indicators that were rated as a three. As a result, the Average Score of the Core Indicator has hit its lowest point in the last four years. Nineteen of the 23 cases were on the three/four bubble.

Long-Term View									
Year	Total Cases	Rating 1	Rating 2	Rating 3	Rating 4	Rating 5	Rating 6	Total Number of Acceptable	Avg Score of Core Indicator
2001	24	0	9	8	3	3	1	7	3.13
2002	24	3	3	8	5	5	0	10	3.25
2003	24	2	4	12	3	3	0	6	3.04
2004	24	0	3	7	11	3	0	14	3.58
2005	24	0	0	7	11	5	1	17	4.00
2006	24	0	1	5	16	1	1	18	3.83
2007	24	0	1	1	15	7	0	22	4.17
2008	23	0	0	4	13	6	0	19	4.09
2009	24	0	0	4	10	10	0	20	4.25
2010	23	0	0	6	13	4	0	17	3.91

The Child and Family Planning Process indicator experienced a decrease this year in the Total Number of Acceptable ratings. The decrease in the Average Score correlates to the decrease in indicators rated as a five and the increase in the number of indicators rated as a three.

Child and Family Planning Process									
Year	Total Cases	Rating 1	Rating 2	Rating 3	Rating 4	Rating 5	Rating 6	Total Number of Acceptable	Avg Score of Core Indicator
2001	24	0	4	9	8	3	0	11	3.42
2002	24	1	6	6	8	3	0	11	3.25
2003	24	0	4	9	10	1	0	11	3.33
2004	24	0	2	7	10	4	1	15	3.79
2005	24	0	1	4	10	7	2	19	4.21
2006	24	0	0	4	14	6	0	20	4.08
2007	24	0	0	3	10	11	0	21	4.33
2008	23	0	0	3	13	7	0	20	4.17
2009	24	0	0	3	9	12	0	21	4.38
2010	23	0	0	5	10	7	1	18	4.17

The Plan Implementation indicator generally has the highest Average Score of all the core indicators as demonstrated in the table below. In 2009 and 2010, the region had the same Total Number of Acceptable indicators but the Average Score continued to trend up. This is directly due to the decrease in ratings of three and four and an increase in indicators rated as a five.

Plan Implementation									
Year	Total Cases	Rating 1	Rating 2	Rating 3	Rating 4	Rating 5	Rating 6	Total Number of Acceptable	Avg Score of Core Indicator
2001	24	2	4	2	11	4	1	16	3.58
2002	24	1	2	5	7	8	1	16	3.92
2003	24	0	2	5	10	7	0	17	3.92
2004	24	0	1	6	6	9	2	17	4.21
2005	24	0	0	4	5	13	2	20	4.54
2006	24	0	0	3	11	9	1	21	4.33
2007	24	0	0	1	5	14	4	23	4.88
2008	23	0	1	2	11	6	3	20	4.35
2009	24	0	0	2	9	10	3	22	4.58
2010	23	0	0	1	8	12	2	22	4.65

As indicated in the table below, the Tracking and Adaptation indicator has experienced the ideal trend. For the first time ever, the region has elevated all of the scores for a core system performance indicator to the point that there were no ratings below a four. For the second year in a row, over half the Tracking and Adaptation indicators received the higher ratings of five and six.

Tracking and Adaptation									
Year	Total Cases	Rating 1	Rating 2	Rating 3	Rating 4	Rating 5	Rating 6	Total Number of Acceptable	Avg Score of Core Indicator
2001	24	0	2	9	9	3	1	13	3.67
2002	24	1	3	6	3	9	2	14	3.92
2003	24	0	3	5	9	7	0	16	3.83
2004	24	0	1	6	8	8	1	17	4.08
2005	24	0	0	3	7	11	3	21	4.58
2006	24	0	1	3	8	10	2	20	4.38
2007	24	0	0	1	6	15	2	23	4.75
2008	23	0	1	4	8	9	1	18	4.22
2009	24	0	0	3	7	13	1	21	4.50
2010	23	0	0	0	11	10	2	23	4.61

## VII. Summary and Recommendations

### Summary

The Region maintained the Overall Child Status score above the 85% standard with a score of 87%. Of the ten Child and Family Status indicators, five indicators (Appropriateness of Placement, Health/Physical Well-being, Learning Progress, Caregiver Functioning, and Satisfaction) scored at or above the 96<sup>th</sup> percentile. The Safety indicator experienced an increase to 87%. Three status indicators (Stability, Prospects for Permanence, and Family Functioning/Resourcefulness) each experienced double digit decreases from last year's scores with the largest decrease being both Stability and Prospects for Permanence, each dropping 27 points.

The Region maintained the Overall System Performance score above the 85% standard for the fifth consecutive year with a score of 96%. The region has maintained this high score for the second year in a row. Of the 23 cases in the review, only one case rated as unacceptable on Overall System Performance. The region maintained all six core system indicators above the 70% standard for the fourth year in a row. Four of the six core indicators (Child and Family Team/Coordination, Child and Family Assessment, Long-term View and Child and Family Planning Process) experienced a decrease from last year's scores, the largest being a 14-point drop in Child and Family Team/Coordination, but all remained above the standard. The other two core system indicators (Plan Implementation and Tracking and Adaptation) increased over last year's scores with Tracking and Adaptation reaching a perfect 100%. The remaining system indicators all scored at 83% and higher with Caregiver Support also scoring a perfect 100%.

Overall, the Northern Region had positive outcomes in their performance on the Qualitative Case Review for FY2010. The Region exceeded the standard for Overall Child Status and Overall System Performance. The Region maintained all six Core System Indicators above the standard.

### Recommendations

It is recommended that the Northern Region use the 23 case stories as part of their ongoing effort to improve the services they provide to children and families. The case stories could be used to help sustain performance that is above standard or elevate performance that rated as unacceptable. Review of the case stories in which the indicators scored substantially well or optimal could be used as examples in an effort to help duplicate great work. Careful review of the case stories regarding the circumstances that resulted in the unacceptable ratings could be beneficial in formulating training opportunities or specific strategies to address those challenges. The following recommendations target specific indicators and the factors that presented the most challenges to those indicators.

#### Child Status

1. **Stability:** Target managing behavior issues of challenging foster children without having to move them. This group accounts for the majority of the cases with stability issues.



2. **Prospects for Permanency:** Enhance permanency planning for youth with significant behavior problems and youth who are currently residing in residential levels of care.

### **System Performance**

1. **Child and Family Teaming and Coordination:** Conduct purposeful family team meetings at critical times for planning and coordination purposes. Enhance the effectiveness of the teaming by including all key team members in the family team meetings.
2. **Child and Family Assessment:** Enhance the assessments of children and families by identifying and incorporating all key assessment elements, including underlying needs. Help team members have a shared understanding of the family's strengths and needs.
3. **Long-term View:** Use families and team members to develop and maintain a shared long-term view that provides for the child's need for enduring permanency and safety.
4. **Child and Family Planning Process:** Enhance written plans by ensuring all key objectives and needs are incorporated into individualized plans that reflect the current status of the case.

## VIII. APPENDIX

### I. Background Information

The Division of Child and Family Services (the Division) completed a comprehensive plan for the delivery of services to families and children in May 1999 entitled The Performance Milestone Plan (the Plan) pursuant to an order issued by United States District Court Judge Tena Campbell. On October 18, 1999 Judge Campbell issued an order directing the Division as follows:

- The Plan shall be implemented.
- The Child Welfare Policy and Practice Group (the Child Welfare Group) shall remain as monitor of the Division's implementation of the Plan.

The Plan provided for four monitoring processes. Those four processes were: a review of a sample of Division case records for compliance with case process requirements, a review of the achievement of action steps identified in the Plan, a review of outcome indicator trends and, specific to the subject of this report, a review of the quality of actual case practice. The review of case practice assesses the performance of the Division's regions in achieving practice consistent with the practice principles and practice standards expressed in the Plan, as measured by the Qualitative Case Review (QCR) process.

The Plan provided for the QCR process to be employed as one method of assessing frontline practice for purposes of demonstrating performance sufficient for exit from the David C. Settlement Agreement and court jurisdiction. Related to exit from qualitative practice provisions, the Division must have achieved the following in each Region in two consecutive reviews:

- 85% of cases attain an acceptable score on the child and family status scale.
- 85% of cases attain an acceptable score on the system performance scale, with core domains attaining at least a rating of 70%.

The Plan anticipated that reports on the Division's performance, where possible, will be issued jointly by the Child Welfare Group and the Division, consistent with the intent of the monitor and the Division to make the monitoring process organic to the agency's self-evaluation and improvement efforts.

On June 28, 2007, Judge Tena Campbell approved an agreement to terminate the David C. lawsuit and dismiss it without prejudice. This ended formal monitoring by the Court Monitor and changed the focus of qualitative case reviews. Rather than focusing on whether or not a region meets the exit criteria, the primary focus is now on whether the region is advancing or declining with a secondary focus on whether the region is above or below standard, with the 85% and 70% levels that were part of the exit criteria being the standards. Particular attention is drawn to indicators that show a "marked decline," which is a decline of 8.34 percent or more from the standards set forth in the Milestone Plan.

## II. Practice Principles and Standards

In developing the Plan, the Division adopted a framework of practice, embodied in a set of practice principles and standards. The training, policies, and other system improvement strategies addressed in the Plan, the outcome indicators to be tracked, the case process tasks to be reviewed, and the practice quality elements to be evaluated through the QCR process all reflect these practice principles and standards. They are listed below:

Protection	Development	Permanency
Cultural Responsiveness	Partnerships	
Organizational Competence	Professional Competence	

In addition to these principles or values, the Division has express standards of practice that serve both as expectations and as actions to be evaluated. The following introduction and list is quoted directly from the Plan.

*Though they are necessary to give appropriate direction and to instill significance in the daily tasks of child welfare staff, practice principles cannot stand alone. In addition to practice principles, the organization has to provide for discrete actions that flow from the principles. The following list of discrete actions, or practice standards, have been derived from national practice standards as compiled by the CWPPG, and have been adapted to the performance expectations that have been developed by DCFS. These practice standards must be consistently performed for DCFS to meet the objectives of its mission and to put into action the above practice principles. These standards bring real-life situations to the practice principles and will be addressed in the Practice Model development and training.*

- 1. Children who are neglected or abused have immediate and thorough assessments leading to decisive, quick remedies for the immediate circumstances, followed by long-range planning for permanency and well-being.*
- 2. Children and families are actively involved in identifying their strengths and needs and in matching services to identified needs.*
- 3. Service plans and services are based on an individualized service plan using a family team (including the family, where possible and appropriate, and key support systems and providers), employing a comprehensive assessment of the child and family's needs, and attending to and utilizing the strengths of the child and his/her family strengths.*
- 4. Individualized plans include specific steps and services to reinforce identified strengths and meet the needs of the family. Plans should specify steps to be taken by each member of the team, time frames for accomplishment of goals, and concrete actions for monitoring the progress of the child and family.*

5. *Service planning and implementation are built on a comprehensive array of services designed to permit children and families to achieve the goals of safety, permanence and well-being.*
6. *Children and families receive individualized services matched to their strengths and needs and, where required, services should be created to respond to those needs.*
7. *Critical decisions about children and families, such as service plan development and modification, removal, placement and permanency are, whenever possible, to be made by a team including the child and his/her family, the family's informal helping systems, foster parents, and formal agency stakeholders.*
8. *Services provided to children and families respect their cultural, ethnic, and religious heritage.*
9. *Services are provided in the home and neighborhood-based settings that are most appropriate for the child and family's needs.*
10. *Services are provided in the least restrictive, most normalized settings appropriate for the child and family's needs.*
11. *Siblings are to be placed together. When this is not possible or appropriate, siblings should have frequent opportunities for visits.*
12. *Children are placed in close proximity to their family and have frequent opportunities for visits.*
13. *Children in placement are provided with the support needed to permit them to achieve their educational and vocational potential with the goal of becoming self-sufficient adults.*
14. *Children receive adequate, timely medical and mental health care that is responsive to their needs.*
15. *Services are provided by competent staff and providers who are adequately trained and who have workloads at a level that permit practice consistent with these principles.*

### III. The Qualitative Case Review Process

Historically, most efforts at evaluating and monitoring human services such as child welfare made extensive, if not exclusive, use of methods adapted from business and finance. Virtually all of the measurements were quantitative and involved auditing processes: counting activities, checking records, and determining if deadlines were met. Historically, this was the approach during the first four years of compliance monitoring in the David C. Settlement Agreement. While the case process record review does provide meaningful information about accomplishment of tasks, it is at best incomplete in providing information that permits meaningful practice improvement.

Over the past decade there has been a significant shift away from exclusive reliance on quantitative process oriented audits and toward increasing inclusion of qualitative approaches to evaluation and monitoring. A focus on quality assurance and continuous quality improvement is now integral not only in business and in industry, but also in health care and human services.

The reason for the rapid ascent and dominance of the “quality movement” is simple: it not only can identify problems, it can help solve them. For example, a qualitative review may not only identify a deficiency in service plans, but may also point to why the deficiency exists and what can be done to improve the plans. By focusing on the critical outcomes and the essential system performance to achieve those outcomes, attention begins to shift to questions that provide richer, more useful information. This is especially helpful when developing priorities for practice improvement efforts. Some examples of the two approaches may be helpful:

AUDIT FOCUS:

“Is there a current service plan in the file?”

QUALITATIVE FOCUS:

“Is the service plan relevant to the needs and goals and coherent in the selection and assembly of strategies, supports, services, and timelines offered?”

AUDIT FOCUS:

“Were services offered to the family?”

QUALITATIVE FOCUS:

“To what degree are the implementation of services and results of the child and family service plan routinely monitored, evaluated, and modified to create a self-correcting and effective service process?”

The QCR process is based on the Service Testing™ model developed by Human Systems and Outcomes, Inc., which evolved from collaborative work with the State of Alabama, designed to monitor the R. C. Consent Decree. The Service Testing™ model has been specifically adapted for use in implementing the Plan by the Division and by the court monitor, the Child Welfare Group, based on the Child Welfare Group’s experience in supporting improvements in child welfare outcomes in 11 other states. Service Testing™ represents the current state of the art in evaluating and monitoring human services such as child welfare. It is meant to be used in

concert with other sources of information such as record reviews and interviews with staff, community stakeholders, and providers.

The Utah QCR process makes use of a case review protocol adapted for use in Utah from protocols used in 11 other states. The protocol is not a traditional measurement designed with specific psychometric properties. The QCR protocol guides a series of structured interviews with key sources such as children, parents, teachers, foster parents, Mental Health providers, caseworkers, and others to support professional appraisals in two broad domains: Child and Family Status and System Performance. The appraisal of the professional reviewer examining each case is translated to a judgment of acceptability for each category of functioning and system performance reviewed using a six-point scale ranging from “Completely Unacceptable” to “Optimally Acceptable.” The judgment is quantified and combined with all other case scores to produce overall system scores.

The Utah QCR instrument assesses child and family status issues and system performance in the following discrete categories. Because some of these categories reflect the most important outcomes (Child and Family Status) and areas of system functioning (System Performance) that are most closely linked to critical outcomes, the scoring of the review involves differential weighting of categories. For example, the weight given permanence is higher than for satisfaction. Likewise, the weight given Child and Family Assessment is higher than the weight for successful transitions. These weights, applied when cases are scored, affect the overall score of each case. The weight for each category is reflected parenthetically next to each item. The weights were chosen by Utah based upon their priorities at the time the protocol was developed.

Child and Family Status	System Performance
Child Safety (x3)	Child/Family Participation (x2)
Stability (x2)	Team/Coordination (x2)
Appropriateness of Placement (x2)	Child and Family Assessment (x3)
Prospects for Permanence (x3)	Long-Term View (x2)
Health/Physical Well-Being (x3)	Child and Family Planning (x3)
Emotional/Behavioral Well-Being (x3)	Plan Implementation (x2)
Learning Progress (x2) OR,	Supports/Services (x2)
Learning/Developmental Progress (x2)	Successful Transitions (x1)
Caregiver Functioning (x2)	Effective Results (x2)
Family Functioning/Resourcefulness (x1)	Tracking Adaptation (x3)
Satisfaction (x1)	Caregiver Support (x1)
<b>Overall Status</b>	<b>Overall System Performance</b>

The fundamental assumption of the Service Testing™ model is that each case is a unique and valid test of the system. This is true in the same sense that each person who needs medical attention is a unique and valid test of the health care system. It does not assume that each person needs the same medical care, or that the health care system will be equally successful with every patient. It simply means that every patient is important and that what happens to that individual patient matters. It is little consolation to that individual that the type of care they receive is *usually* successful. This point becomes most critical in child welfare when children are

currently, or have recently been, at risk of serious harm. Nowhere in the child welfare system is the unique validity of individual cases clearer than the matter of child safety.

Service Testing™, by aggregating the systematically collected information on individual cases, provides both quantitative and qualitative results that reveal in rich detail what it is like to be a consumer of services and how the system is performing for children and families. The findings of the QCR will be presented in the form of aggregated information. There are also case stories written at the conclusion of the set of interviews done for each case. They are provided to clarify the reasons for scores assigned, to offer steps to overcome obstacles or maintain progress, and as illustrations to put a “human face” on issues of concern.

## **Methodology**

Cases reviewed were randomly selected from the universe of the case categories of out-of-home (SCF), Protective Family Preservation (PFP) services, Protective Services Supervision (PSS), and Protective Service Counseling (PSC) in the Region. These randomly selected cases were then inserted into a simple matrix designed to ensure that critical facets of the Division population are represented with reasonable accuracy. These variables stratified the sample to ensure that there was a representative mix of cases of children in out-of-home care and in their own homes. Cases were also distributed to permit each office in the Region to be reviewed and to assure that no worker had more than one of his/her cases reviewed. Additional cases were selected to serve as replacement cases, a pool of cases used to substitute for cases that could not be reviewed because of special circumstances (AWOL child, lack of family consent, etc).

The sample thus assured that:

- Males and females were represented.
- Younger and older children were represented.
- Newer and older cases were represented.
- Larger and smaller offices were represented.
- Each permanency goal is represented.

A total of 24 cases were selected for the review, and 23 cases were reviewed. There was one case that was pulled for review, and just before the review was to take place, the parent withdrew his consent to have the child interviewed. Since the child could not be interviewed, this case was not reviewed.

## **Reviewers**

Due to the recent approval of the agreement between the parties to the David C. Lawsuit and the cessation of formal monitoring, no reviewers from the Child Welfare Group participated on this review. Reviewers were all from Utah and were drawn from the Office of Services Review, DCFS, and community partners.

## **Stakeholder Interviews**

As a compliment to the individual case reviews, the Office of Service Review staff interview key local system leaders from other child and family serving agencies and organizations in the Region about system issues, performance, assets, and barriers. These external perspectives provide a valuable source of perspective, insight, and feedback about the performance of Utah's child welfare system. In some years, focus groups with DCFS staff, consumer families, youth, foster parents, or other stakeholders are a part of this aspect of the review process. Their observations were briefly described in a separate section.